Modified Checklist for Autism in Toddlers - Revised (M-CHAT-R)

MANUAL SCORE MCHAT-R

Please score the interview items on this page. Bolded yes/no = fail

Date: _____

Child's Name: _____

Case Number: _____

Title of Individual that completed M-CHAT with Parent/Guardian:

Item		YES	NO
1	If you point at something across the room, does your child look at it? (***Example*** : if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	**No**
2	Have you ever wondered in your child might be deaf?	**Yes**	No
3	Does your child play pretend or make-believe? (***Example:*** pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	**No**
4	Does your child like climbing on things? (***Example:*** furniture, playground, equipment, or stairs)	Yes	**No**
5	Does your child make **unusual** finger movements near his or her eyes? (***Example:*** does your child wiggle his or her fingers close to his or her eyes)	**Yes**	No
6	Does your child point with one finger to ask for something or to get help? (***Example:*** pointing to a snack or toy that is out of reach)	Yes	**No**
7	Does your child point with one finger to show you something interesting? (***Example:*** pointing to an airplane in the sky or a big truck in the road)	Yes	**No**
8	Is your child interested in other children? (***Example*** : does yout child watch other children, smile at them, or go to them?)	Yes	**No**
9	Does your child show you things by bringing them to you or holding them up for you to see - not to get help but just to share? (***Example:*** showing you a flower, a stuffed animal, or a toy truck)	Yes	**No**
10	Does your child respond when you call his or her name? (***Example:*** does he or she look up, talk or babble, or stop what he or she is doing hen you call his or her name?)	Yes	**No**
11	When you smile at your child, does he or she smile back at you?	Yes	**No**
12	Does your child get upset by everyday noises? (***Example:*** does your child scream or cry to noise such as a vacuum cleaner or loud music?)	**Yes**	No
13	Does your child walk?	Yes	**No**
14	Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	**No**
15	Does your child try to copy what you do? (***Example:*** wave bye-bye, clap, or make a funny noise when you do)	Yes	**No**
16	If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	**No**
17	Does your child try to get you to watch him or her? (***Example:*** does your child look at you for praise, or say "look" or "watch me"?)	Yes	**No**
18	Does your child understand when you tell him or her to do something? (***Example:*** if you don't point, can your child understand "put the book on the chair" or "bring me a blanket"?)	Yes	**No**
19	If something new happens, does your child look at your face to see how you feel about it? (***Example:*** if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	**No**
20	Does your child like movement activities? (***Example:*** being swung or bounces on your knee)	Yes	**No**
		Total	

3 or More Total Shaded Items Selected = Positive Screening

☐ ***Positive Screening, Referred for Diagnostic Evaluation***

☐ ***Not Referred to Diagnostic Evaluation***