

Patient: _____ ID: _____ Age: _____ Date: _____

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question.

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| 1. If you point at something across the room, does your child look at it?
(For 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 if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (For Example , pretend to drink from an empty cup, pretend to talk on the phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (For Example , furniture, playground equipment, or stairs?) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(For 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?
(For 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?
(For 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? (For Example , does your child watch other children, smile at them, or go with 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? (For Example , showing you a toy truck, or a stuffed animal?) | Yes | No |
| 10. Does your child respond when you call his or her name? (For Example , does he or she look up, talk or babble, or stop what he or she is doing when 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? (For 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? (For 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? (For 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? (For Example , if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(For Example , if he or she hears a strange noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(For Example , being swung or bounced on your knee) | Yes | No |