M-CHAT



Greater Lowell Pediatrics Boston Children's Primary Care Alliance

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Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- Does your child enjoy being swung, bounced on your knee, etc.?
 O Yes O No
- 2. Does your child take an interest in other children?

O Yes O No

3. Does your child like climbing on things, such as up stairs?

O Yes O No

4. Does your child enjoy playing peek-a-boo/hide-and-seek?

O Yes O No

5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?

O Yes O No

6. Does your child ever use his/her index finger to point, to ask for something?

O Yes O No

7. Does your child ever use his/her index finger to point, to indicate interest in something?

O Yes O No

8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?

O Yes O No

9. Does your child ever bring objects over to you (parent) to show you something?

O Yes O No

- 10. Does your child look you in the eye for more than a second or two?
 - O Yes O No
- 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)

O Yes O No

12. Does your child smile in response to your face or your smile?O Yes O No

13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)

O Yes O No

14. Does your child respond to his/her name when you call?

O Yes O No

15. If you point at a toy across the room, does your child look at it?

O Yes O No

16. Does your child walk?

O Yes O No

17. Does your child look at things you are looking at?

O Yes O No

18. Does your child make unusual finger movements near his/her face?

O Yes O No

19. Does your child try to attract your attention to his/her own activity?

O Yes O No

20. Have you ever wondered if your child is deaf?

O Yes O No

21. Does your child understand what people say?

O Yes O No

22. Does your child sometimes stare at nothing or wander with no purpose?

O Yes O No

23. Does your child look at your face to check your reaction when faced with something unfamiliar?

O Yes O No

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Please refer to: Robins, D., Fein, D., Barton, M., & Green, J. (2001). The Modified Checklist for Autism in Toddlers: An initial study investigating the early detection of autism and pervasive developmental disorders. Journal of Autism and Developmental Disorders, 31 (2), 131–144.