M-CHAT-R

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

**Circle Yes or No for the following:**

 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 Yes No

 look at the toy or animal?)

 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 a phone, Yes No

 or pretend to feed a doll or stuffed animal?)

 4. Does your child like climbing on things? (For Example, furniture,

 playground equipment, or stairs) Yes No

 5. Does your child make unusual finger movements near her/her eyes?

 (For Example, does your child wiggle her/her fingers close to her/her eyes?) Yes No

 6. Does your child point with one finger to ask for something or to get help? Yes No

 (For Example, pointing to a snack or toy that is out of reach)

 7. Does your child point with one finger to show you something

 interesting? (For Example, pointing to an airplane in the sky Yes No

 or a big truck in the road)

 8. Is your child interested in other children? (For Example, does your

 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? (For Yes No

 Example, showing you a flower, a stuffed animal, or a toy truck)

10. Does your child respond when you call her/her name? (For Example,

 does she/she look up, talk or babble, Yes No

or stop what she/she is doing when you call her/her name?)

11. When you smile at your child does she/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 Yes No

 such as a vacuum cleaner or loud music?)

13. Does your child walk? Yes No

14. Does your child look you in the eye when you are talking to her/her,

 playing with her/her or dressing her/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 her/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 her/her to do something?

 (For Example, if you don't point, can your child understand "put the Yes No

 book on the chair" or "bring me the blanket"?)

19. If something new happens, does your child look at your face to see how

 you feel about it? (For Example, if she/she hears a strange or funny noise, Yes No

 or sees a new toy, will she/she look at your face?)

20. Does your child like movement activities? (For Example, being

 swung or bounced on your knee?) Yes No

**MCHAT Total Score**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2009 Diana Robins, Deborah Fein, & Marianne Barton)