



M-CHAT

Name: _____ Date of Birth: _____ Today's Date: _____

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.

1. Does your child enjoy being swung, bounced on your knee, etc.? Yes ___ No ___
2. Does your child take an interest in other children? Yes ___ No ___
3. Does your child like climbing on things, such as up stairs? Yes ___ No ___
4. Does your child enjoy peek-a-boo/hide-and-seek? Yes ___ No ___
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? Yes ___ No ___
6. Does your child ever use his/her index finger to point, to ask for something? Yes ___ No ___
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes ___ No ___
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them? Yes ___ No ___
9. Does your child ever bring objects over to you (parent) to show you something? Yes ___ No ___
10. Does your child look you in the eye for more than a second or two? Yes ___ No ___
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) Yes ___ No ___
12. Does your child smile in response to your face or your smile? Yes ___ No ___
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes ___ No ___
14. Does your child respond to his/her name when you call? Yes ___ No ___
15. If you point at a toy across the room, does your child look at it? Yes ___ No ___
16. Does your child walk? Yes ___ No ___
17. Does your child look at things you are looking at? Yes ___ No ___
18. Does your child make unusual finger movements near his/her face? Yes ___ No ___
19. Does your child try to attract your attention to his/her own activity? Yes ___ No ___
20. Have you ever wondered if you child is deaf? Yes ___ No ___
21. Does your child understand what people say? Yes ___ No ___
22. Does your child sometimes stare at nothing or wander with no purpose? Yes ___ No ___
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes ___ No ___