



## 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.

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|--|----------------|
| 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____ |