

M-CHAT-R

Name: _____ Date: _____

Instructions

Please respond to the questions based on your child's typical behaviors. If a behavior is infrequent (e.g., you've observed it only once or twice), consider answering as if the child has not acquired the behavior.

	Yes	No
1. Can your child play appropriately with small toys, without just mouthing or dropping them?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child bring objects to you to show you something?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child make eye contact with you for more than a second or two?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child seem oversensitive to noise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child smile in response to your face or smile?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child imitate your actions, like making faces back at you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child respond when you call their name?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you point to a toy across the room, does your child look at it?	<input type="checkbox"/>	<input type="checkbox"/>
9. Can your child walk independently?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child look at things you are looking at?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child make unusual finger movements near their face?	<input type="checkbox"/>	<input type="checkbox"/>

12. Does your child try to get your attention for their own activities?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever wondered if your child is deaf?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your child enjoy activities like swinging or being bounced on your knee?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child show interest in playing with other children?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your child like to climb on furniture or stairs?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your child enjoy playing peek-a-boo or hide-and-seek?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your child engage in pretend play, like talking on the phone or taking care of dolls?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your child use their index finger to point and ask for something?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your child use their index finger to point and show interest in something?	<input type="checkbox"/>	<input type="checkbox"/>

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Scoring

Low-risk

Total Score 0-2; If the child is younger than 24 months, screen again after the second birthday. No further action required unless surveillance indicates a risk for ASD.

Medium Risk

Total Score 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to gather additional information about at-risk responses. If the M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer the child for diagnostic evaluation and eligibility evaluation for early intervention. If the score on Follow-Up is 0-1, the child has screened negative. No further action is required unless surveillance indicates a risk for ASD. The child should be rescreened at future well-child visits.

High-risk

Total Score 8-20; It is acceptable to bypass the Follow-Up and refer the child immediately for diagnostic evaluation and eligibility evaluation for early intervention.