

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

### 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 circle **yes** or **no** for every question. Thank you very much.

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|--|-----|----|
| 1. If you point at something across the room, does your child look at it?<br>( <b>FOR EXAMPLE</b> , if you point at a toy or an animal, does your child look at the toy or animal?)  | Yes | No |
| 2. Have you ever wondered if your child might be deaf?   | Yes | No |
| 3. Does your child play pretend or make-believe? ( <b>FOR EXAMPLE</b> , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)                                      | Yes | No |
| 4. Does your child like climbing on things? ( <b>FOR EXAMPLE</b> , furniture, playground equipment, or stairs)   | Yes | No |
| 5. Does your child make unusual finger movements near his or her eyes?<br>( <b>FOR EXAMPLE</b> , does your child wiggle his or her fingers close to his or her eyes?)  | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?<br>( <b>FOR EXAMPLE</b> , pointing to a snack or toy that is out of reach)   | Yes | No |
| 7. Does your child point with one finger to show you something interesting?<br>( <b>FOR EXAMPLE</b> , pointing to an airplane in the sky or a big truck in the road)   | Yes | No |
| 8. Is your child interested in other children? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , showing you a flower, a stuffed animal, or a toy truck)          | Yes | No |
| 10. Does your child respond when you call his or her name? ( <b>FOR EXAMPLE</b> , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)                                  | Yes | No |
| 11. When you smile at your child, does he or she smile back at you?  | Yes | No |
| 12. Does your child get upset by everyday noises? ( <b>FOR EXAMPLE</b> , does your child scream or cry to noise such as a vacuum cleaner or loud music?)   | Yes | No |
| 13. Does your child walk?  | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?   | Yes | No |
| 15. Does your child try to copy what you do? ( <b>FOR EXAMPLE</b> , 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 him or her? ( <b>FOR EXAMPLE</b> , does your child look at you for praise, or say “look” or “watch me”?)   | Yes | No |
| 18. Does your child understand when you tell him or her to do something?<br>( <b>FOR EXAMPLE</b> , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)                   | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?<br>( <b>FOR EXAMPLE</b> , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?<br>( <b>FOR EXAMPLE</b> , being swung or bounced on your knee)   | Yes | No |

Low Risk:

Medium Risk:

High Risk:

Total Score: \_\_\_\_\_