

Child's Name: _____ Child's Date of Birth: _____ MRN: _____

Name of Person Completing Form: _____ Relationship to Child: _____

Today's Date: _____

M-CHAT

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
 Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
 Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? Yes No
 Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
 Yes No
9. Does your child ever bring objects over to you (parent) to show you something? Yes No
 Yes No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) Yes No
 Yes No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes No
 Yes No
15. If you point at a toy across the room, does your child look at it? Yes No
 Yes No
17. Does your child look at things you are looking at? Yes No
 Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
 Yes No
21. Does your child understand what people say? Yes No
 Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No
 Yes No