

PATIENT'S NAME _____ D.O.B. _____ DATE _____
 PERSON COMPLETING FORM _____ RELATIONSHIP _____

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.

If you point at something across the room, does your child look at it? (For example, if you point at a toy or an animal, does your child look at the toy or animal?)	1.	YES	NO
Have you ever wondered if your child might be deaf?	2.	YES	NO
Does your child play pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	3.	YES	NO
Does your child like climbing on things? (For example, furniture, playground equipment, or stairs?)	4.	YES	NO
Does your child make <u>unusual</u> finger movements near his/her eyes? (For example, does your child wiggle his or her fingers close to his/her eyes?)	5.	YES	NO
Does your child point with one finger to ask for something to get help? (For example, pointing to a snack or toy that is out of reach)	6.	YES	NO
Does your child point with one finger to show you something interesting? (For example, pointing to an airplane in the sky or a big truck in the road)	7.	YES	NO
Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?)	8.	YES	NO
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? (For example, showing you a flower, a stuffed animal, or a toy?)	9.	YES	NO
Does your child respond when you call his or her name? (For example, does he/she look up, talk or babble, or stop what he/she is doing when you call his/her name?)	10.	YES	NO
When you smile at your child, does he/she smile back at you?	11.	YES	NO
Does your child get upset by everyday noises? (For example, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	12.	YES	NO
Does your child walk?	13.	YES	NO
Does your child look you in the eye when you are talking to him/her, playing with him/her, or dressing him/her?	14.	YES	NO
Does your child try to copy what you do? (For example, wave bye-bye, clap or make a funny noise when you do)	15.	YES	NO
If you turn your head to look at something, does your child look around to see what you are looking at?	16.	YES	NO
Does your child try to get you to watch him/her? (For example, does your child look at you for praise, or say "look" or "watch me"?)	17.	YES	NO
Does your child understand when you tell him/her to do something? (For example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket?")	18.	YES	NO
If something new happens, does your child look at your face to see how you feel about it? (For example, if he/she hears a strange or funny noise, or sees a new toy, will he/she look at your face?)	19.	YES	NO
Does your child like movement activities? (For example, being swung or bounced on your knee?)	20.	YES	NO