



Child's name _____
Date of birth _____
Today's date _____

Filled out by _____
Relationship to child _____

M-CHAT (*Modified Checklist for Autism in Toddlers*)

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 |
| 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 playing 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 your 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 |

M-CHAT Best7 Scoring Instructions

A child screens positive, or shows **Risk for Autism**, when 2 or more “Best7” items are failed OR when any three items are failed. If fewer than 2 “Best7” items are failed, and fewer than 3 total items are failed, the result is **Low Risk for Autism**. The design of M-CHAT Best7 is to retain high sensitivity with a low false-positive rate for Autism concern. If the result of the checklist is “Risk for Autism” the corresponding M-CHAT Follow-up Interview™ should be given to obtain the most accurate responses.

Yes/no answers convert to pass/fail responses. Below are listed the failed responses for each item on the M-CHAT. **BOLD CAPITALIZED** items are “Best7” items.

Not all children who fail the checklist will meet criteria for a diagnosis on the autism spectrum. However, children who screen positive on the M-CHAT should be evaluated in more depth by the physician or referred for a developmental evaluation with a specialist.

| | | | | |
|--------------|--------------|---------------|----------------|---------|
| 1. No | 6. No | 11. Yes | 16. No | 21. No |
| 2. NO | 7. NO | 12. No | 17. No | 22. Yes |
| 3. No | 8. No | 13. No | 18. Yes | 23. No |
| 4. No | 9. NO | 14. NO | 19. No | |
| 5. NO | 10. No | 15. NO | 20. YES | |