

KENDALL PEDIATRIC PARTNERS
Alina Siblesz Ruiz, MD Raquel Olavarrieta, MD

M-CHAT

WWW.MCHAT.ORG

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 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., if 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