M-CHAT

Date:________ **Patient's Name:**___________________________ Birth date:______

Person completing this form: ___________________________ Relationship to the child:_________

Please fill out the following about your child's usual behavior, and try to answer every question.

If the behavior is rare, (you've only seen it once or twice), please answer as if your child does not do it.

Yes	No	Question
☐	☐	1. If you point at something across the room, does your child look at it?
☐	☐	2. Have you ever wondered if your child is deaf?
☐	☐	3. Does your child play pretend, or make-believe?
☐	☐	4. Does your child like climbing on things?
☐	☐	5. Does your child make unusual finger movements near his or her eyes?
☐	☐	6. Does your child point with one finger to ask for something or to get help?
☐	☐	7. Does your child point with one finger to show you something interesting?
☐	☐	8. Is your child interested in other children?
☐	☐	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?
☐	☐	10. Does your child respond when you call his or her name?
☐	☐	11. When you smile at your child, does he or she smile back at you?
☐	☐	12. Does your child get upset by everyday noises?
☐	☐	13. Does your child walk?
☐	☐	14. Does your child look you in the eye when you are talking to her, playing with her, or her?
☐	☐	15. Does your child try to copy what you do?
☐	☐	16. If you turn your head to look at something, does your child look around to see what you are looking at?
☐	☐	17. Does your child try to get you to watch him or her?
☐	☐	18. Does your child understand when you tell him to do something?
☐	☐	19. If something new happens, does your child look at your face to see how you feel about it?
☐	☐	20. Does your child like movement activities?

SCORE:	
Low Risk	**Total score 0-2**. If < 24 months, re-screen after 2nd birthday. No further action needed unless surveillance indicates risk for ASD.
Medium Risk	**Total score 3-7**. Administer second stage of M-CHAT-R/F. • If the **follow-up score is 2 or higher**, it's a positive screen. Refer for diagnostic evaluation and eligibility evaluation for early intervention. • If the **follow-up score is 0-1**, it's a negative screened. No action is needed unless surveillance indicates a risk for ASD. Rescreen at a future WCC.
High Risk	**Total score is 8-20**. OK to bypass the follow up questionnaire and refer for diagnostic evaluation and eligibility evaluation for early intervention.