

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.

1. 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?) **YES NO**
2. Have you ever wondered if your child might be deaf? **YES NO**
3. 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?) **YES NO**
4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs) **YES NO**
5. Does your child make unusual finger movements near his or her eyes?
(**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?) **YES NO**
6. Does your child point with one finger to ask for something or to get help?
(**FOR EXAMPLE**, pointing to a snack or toy that is out of reach) **YES NO**
7. 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) **YES NO**
8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?) **YES NO**
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? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck) **YES NO**

10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) **YES NO**
11. When you smile at your child, does he or she smile back at you? **YES NO**
12. 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?) **YES NO**
13. Does your child walk? **YES NO**
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? **YES NO**
15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do) **YES NO**
16. If you turn your head to look at something, does your child look around to see what you are looking at? **YES NO**
17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say “look” or “watch me”?) **YES NO**
18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, when you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?) **YES NO**
19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) **YES NO**
20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee) **YES NO**