

M-CHAT

Modified Checklist for Autism in Toddlers

By Diana L. Robins, M.A, Deborah Fein, Ph.D.,
Marianne L. Barton, Ph.D., and James A. Green, Ph.D.
University of Connecticut

The M-CHAT is designed to screen for Autism Spectrum Disorders in toddlers (i.e., over the age of 12 months, and ideally over the age of 18 months). A parent can complete the items independently. The M-CHAT does not allow a clinician to make a diagnosis of an Autism Spectrum Disorder, but is a very useful clinical tool that has excellent sensitivity and specificity. Positive results suggest a high risk for an Autism Spectrum Disorder, and may necessitate referral for further evaluation.

The M-CHAT does not require clinician observation.

SCORING THE M-CHAT

A child fails the M-CHAT when 2 or more CRITICAL ITEMS are failed or when any 3 items are failed. 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 CRITICAL ITEMS.

Not all children who fail the checklist will meet criteria for a diagnosis on the autism spectrum. However, children who fail the checklist should first 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	

Child's Name: _____

Filled Out By: _____

Child's Date of Birth: _____

Relationship to Child: _____

Today's Date: _____

Modified Checklist for Autism in Toddlers (M-CHAT)

INSTRUCTIONS: 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.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your child take an interest in other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does your child like climbing on things, such as up stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does your child enjoy playing peek-a-boo/hide-and-seek?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does your child ever use his/her index finger to point, to ask for something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does your child ever use his/her index finger to point, to indicate interest in something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Can your child play properly with small toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does your child ever bring objects over to you (parent) to show you something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your child look you in the eye for more than a second or two?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Does your child ever seem over-sensitive to noise? (e.g., plugging ears)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does your child smile in response to your face or your smile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Does your child imitate you? (E.g., you make a face – will your child imitate it?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your child respond to his/her name when you call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If you point at a toy across the room, does your child look at it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does your child walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does your child look at things you are looking at?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does your child make unusual finger movements near his/her face?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does your child try to attract your attention to his/her own activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you ever wondered if your child is deaf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Does your child understand what people say?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Does your child sometimes stare at nothing or wander with no purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Does your child look at your face to check your reaction when faced with something unfamiliar?	<input type="checkbox"/> Yes <input type="checkbox"/> No