

MCHAT Pre Survey

Knowledge, Attitudes, Practices on Autism Screening

1. Do you provide direct care or supervision of outpatient general pediatrics patients? (Choose ALL that apply)

- ☐ I provide direct outpatient care for general pediatrics clinic patients
- ☐ I supervise outpatient care for general pediatrics clinic patients
- ☐ I do not provide direct care or supervise general pediatrics clinic patients

2. I am comfortable with administering and scoring the Modified Checklist for Autism in Toddlers (M-CHAT). (Choose BEST answer)

Strongly Disagree



Disagree



Neutral



Agree



Strongly Agree



Other (please specify)

3. How often do you feel the M-CHAT adds to your overall clinical impression of the risk for autism? (Choose BEST answer)

Never



Rarely



Sometimes



Most of the Time



Always



Other (please specify)

4. During a well child visit, when do you most often score the M-CHAT? (Choose BEST answer)

Before starting
interview



During the interview



After the interview,
before physical



After physical,
before anticipatory
guidance



During anticipatory
guidance



After family has left



I don't perform the
M-CHAT



Other (please specify)

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5. What do you do most often if a parent has not completed the M-CHAT at an 18 or 24 month well child visit?

- ☐ Ask them each M-CHAT question yourself
- ☐ Have them fill out the questions while you wait
- ☐ Defer screening to another visit

Other (please specify)

6. What is the cutoff for a failed M-CHAT? (Write answer in box below)

7. Before today, were you aware of the M-CHAT Follow-Up Interview? (Choose BEST answer)

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

☐

Other (please specify)

8. When a patient has failed their M-CHAT, how often do you administer the M-CHAT Follow-Up Interview? (Choose BEST answer)

Never

☐

Rarely

☐

Sometimes

☐

Most of the Time

☐

Always

☐

Other (please specify)

9. What barriers do you see that make it difficult to administer the M-CHAT? (Choose BEST answer for each row)

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Lack of knowledge on how to score the M-CHAT

☐☐☐☐☐

Unable to find scoring sheet

☐☐☐☐☐

It takes too much time

☐☐☐☐☐

Other (please specify)

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10. What barriers do you see that make it difficult to administer the M-CHAT Follow-Up Interview? (Choose BEST answer for each row)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Not aware there was a follow-up interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not aware of how to do the follow-up interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not aware of where to get the follow-up interview questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes too long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>				

Demographics

11. Please create a code to identify your survey using the last 2 letters of your mother's first name and last 4 digits in your cell phone number (e.g., Jane Doe 222-7323 would be ne7323). This code will only be used to pair surveys for analysis.

12. Please estimate how many patients you have in your continuity (or subspecialty practice) who have a diagnosis of an autism spectrum disorder (including Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified). (Choose BEST answer)

- ☐ 0
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31 or more

Other (please specify)

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13. What best describes your position at this hospital? (Choose BEST answer)

- ☐ Attending General Pediatrician
- ☐ Attending Pediatric Subspecialist
- ☐ Pediatrics Resident, first year
- ☐ Pediatrics Resident, second year
- ☐ Pediatrics Resident, third year

Other (please specify)

Resident Only Questions

14. If you are a current resident, have you completed at least one Developmental Pediatrics rotation during your residency?

- ☐ Yes
- ☐ No
- ☐ Not a current resident

Other (please specify)