MCHAT Post 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

Other (please specify)

[   ]

2. I am comfortable with administering and scoring the new Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F). (Choose BEST answer)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
○	○	○	○	○

Other (please specify)

[   ]

3. Have you used or supervised someone using the M-CHAT-R/F yet? (Choose BEST answer)

○ Yes

○ No

○ Unsure

Other (please specify)

[   ]

4. How often do you feel the new M-CHAT-R/F 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)

[   ]

5. During an 18 or 24 month well child visit, when do you most often score the M-CHAT-R/F? (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 do not perform the M-CHAT-R/F
◎	◎	◎	◎	◎	◎	◎

Other (please specify)

[   ]

6. What do you do most often if a parent has not completed the M-CHAT-R/F at an 18 or 24 month well child visit? (Choose BEST answer)

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

Other (please specify)

[   ]

7. What is the cutoff for a failed M-CHAT-R/F prior to administering the Follow-up Interview? (Fill out text box)

[   ]

8. What is the cutoff for a failed M-CHAT-R/F after the Follow-up Interview? (Fill out text box)

[   ]

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

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
◎	◎	◎	◎	◎

Other (please specify)

[   ]

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

Never	Rarely	Sometimes	Most of the Time	Always
◎	◎	◎	◎	◎

Other (please specify)

[   ]

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11. What barriers do you see that make it difficult to score the M-CHAT-R/F? (Choose BEST answer in each row)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Lack of knowledge on how to score the M-CHAT-R/F	○	○	○	○	○
Unable to find scoring sheet	○	○	○	○	○
It takes too much time	○	○	○	○	○

Other (please specify)

[   ]

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Not aware there was a follow-up interview	○	○	○	○	○
Not aware of how to do the follow-up interview	○	○	○	○	○
Not aware of where to get the follow-up interview questions	○	○	○	○	○
It takes too long	○	○	○	○	○

Other (please specify)

[   ]

13. Have you received training (in person, online, etc.) on how to use the M-CHAT-R/F? (Choose BEST answer)

○ Yes

○ No

○ Unsure

Other (please specify)

[   ]

Demographics

*14. 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.

[   ]

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15. 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)

[   ]

16. 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

17. If you are a current resident, have you completed at least one Developmental Pediatrics rotation during your residency? (Choose BEST answer)

○ Yes

○ No

○ Not a current resident

Other (please specify)

[   ]