

## **Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R™)**

**M-CHAT-R risk score: 11**

**Score indicates high risk. You should bring your child to a health care provider and early intervention provider for full assessment.**

For resources in your area, see our website's list of Autism Treatment Network clinics\* and state-by-state Resource Guide\*\*.

You can also call or email our Autism Response Team:  
888-AUTISM2(288-4762) or [help@autismspeaks.org](mailto:help@autismspeaks.org).

The M-CHAT-R is a screening tool, and because no screening tool is perfect, research recommends that the original 20 questions include a Follow - Up Interview. It can be found at: <http://www.mchatscreen.com>

This questionnaire is designed to screen for autism, not other developmental issues. If you have concerns about any area of your child's development or behavior, please discuss these concerns with your child's doctor.

\*<https://www.autismspeaks.org/autism-care-network>

\*\*<https://www.autismspeaks.org/resource-guide>

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## Checklist Answers

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?)  
**You answered: No**
2. Have you ever wondered if your child might be deaf?  
**You answered: Yes**
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?)  
**You answered: No**
4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs)  
**You answered: Yes**
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?)  
**You answered: 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)  
**You answered: Yes**
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)  
**You answered: No**
8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?)  
**You answered: Yes**
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)  
**You answered: 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?)  
**You answered: Yes**
11. When you smile at your child, does he or she smile back at you?  
**You answered: No**

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## Checklist Answers (continued)

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?)

**You answered: Yes**

13. Does your child walk?

**You answered: 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?

**You answered: Yes**

15. Does your child try to copy what you do? (For example, wave bye-bye, clap, or make a funny noise when you do)

**You answered: No**

16. If you turn your head to look at something, does your child look around to see what you are looking at?

**You answered: Yes**

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"?)

**You answered: No**

18. Does your child understand when you tell him or her to do something? (For example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)

**You answered: Yes**

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?)

**You answered: No**

20. Does your child like movement activities? (For example, being swung or bounced on your knee)

**You answered: Yes**

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## **Message to Health Care Providers:**

Dear Health Care Provider,

The parent or caregiver of one of your patients has concerns about their child's development. He or she has taken the Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R), which is freely available online. The M-CHAT-R is a screening tool that has been endorsed by the American Academy of Pediatrics to be administered at 18 and 24 months.

The M-CHAT-R is a screening tool, and because no screening tool is perfect, research recommends that the original 20 questions include a Follow-Up Interview. This interview will improve the specificity of the screen, and also provides an opportunity for you to discuss the parent or caregiver's specific concerns. Administering the M-CHAT-R Follow-Up Interview may also reduce unnecessary referrals.

A guide to administering the Follow-Up Interview is found here:

<http://www.autismspeaks.org/sites/default/files/2018-09/m-chatinterview.pdf>

More information about the M-CHAT-R can be found at:

<http://www.mchatscreen.com>

Thank you for your time with this patient and his/her family. For more information please visit:

<http://www.autismspeaks.org/first-concern-action>

Autism Speaks