**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**, if 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

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Child’s Name: __________________________________________ DOB: __________________

Completed by: __________________________________________ Date completed: __________________