

Somerset Pediatric Group

NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

M-CHAT

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.

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|-----|--|-----|----|
| 1. | Does your child take an interest in other children? | Yes | No |
| 2. | Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 3. | Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 4. | Does your child imitate you? (e.g., you make a face—will your child imitate it?) | Yes | No |
| 5. | Does your child respond to his/her name when you call? | Yes | No |
| 6. | If you point at a toy across the room, does your child look at it? | Yes | No |
| 7. | Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 8. | Does your child like climbing on things, such as up stairs? | Yes | No |
| 9. | Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 10. | Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? | Yes | No |
| 11. | Does your child ever use his/her index finger to point, to ask for something? | Yes | No |
| 12. | Can your child play properly with small toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 13. | Does your child look you in the eye for more than a second or two? | Yes | No |
| 14. | Does your child smile in response to your face or your smile? | Yes | No |
| 15. | Does your child walk? | Yes | No |
| 16. | Does your child look at things you are looking at? | Yes | No |
| 17. | Does your child try to attract your attention to his/her own activity? | Yes | No |
| 18. | Does your child understand what people say? | Yes | No |
| 19. | Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |
| 20. | Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes | No |
| 21. | Does your child make unusual finger movements near his/her face? | Yes | No |
| 22. | Have you ever wondered if your child is deaf? | Yes | No |
| 23. | Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |

Reviewed by: _____

Action taken: _____
