

Modified Checklist for Toddlers (M-CHAT)

Name of Patient: _____

Date: _____

Who filled out the form? Mother Father Guardian Other Patient

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