

Modified Checklist for Autism in Toddlers (M-CHAT) Follow-Up Interview™

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Acknowledgement: We thank Joaquin Fuentes, M.D. for his work in developing the flow chart format used in this interview.

The M-CHAT Follow-Up Interview can be downloaded free of charge from
<http://www2.gsu.edu/~psydlr>

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Instructions for the M-CHAT Follow-Up Interview™

Select items based on M-CHAT scores. Administer only those items for which the parent indicated behavior that demonstrates risk for autism spectrum disorders (ASDs), and/or those which the healthcare provider has concerns may not have been answered accurately.

Score interview items in the same manner as the M-CHAT. If an item is failed, it indicates risk for ASDs. Failure of two critical items (items 2, 7, 9, 13, 14, 15) or any three total warrants referral to a specialist. Please note that failing the follow-up interview does not diagnose ASDs; it indicates increased risk for ASDs.

Please note that if the healthcare provider has concerns about ASDs, children should be referred to a specialist regardless of the score on the M-CHAT or M-CHAT follow-up interview.

Please use the following M-CHAT page to record the scores after the interview is completed.

M-CHAT™

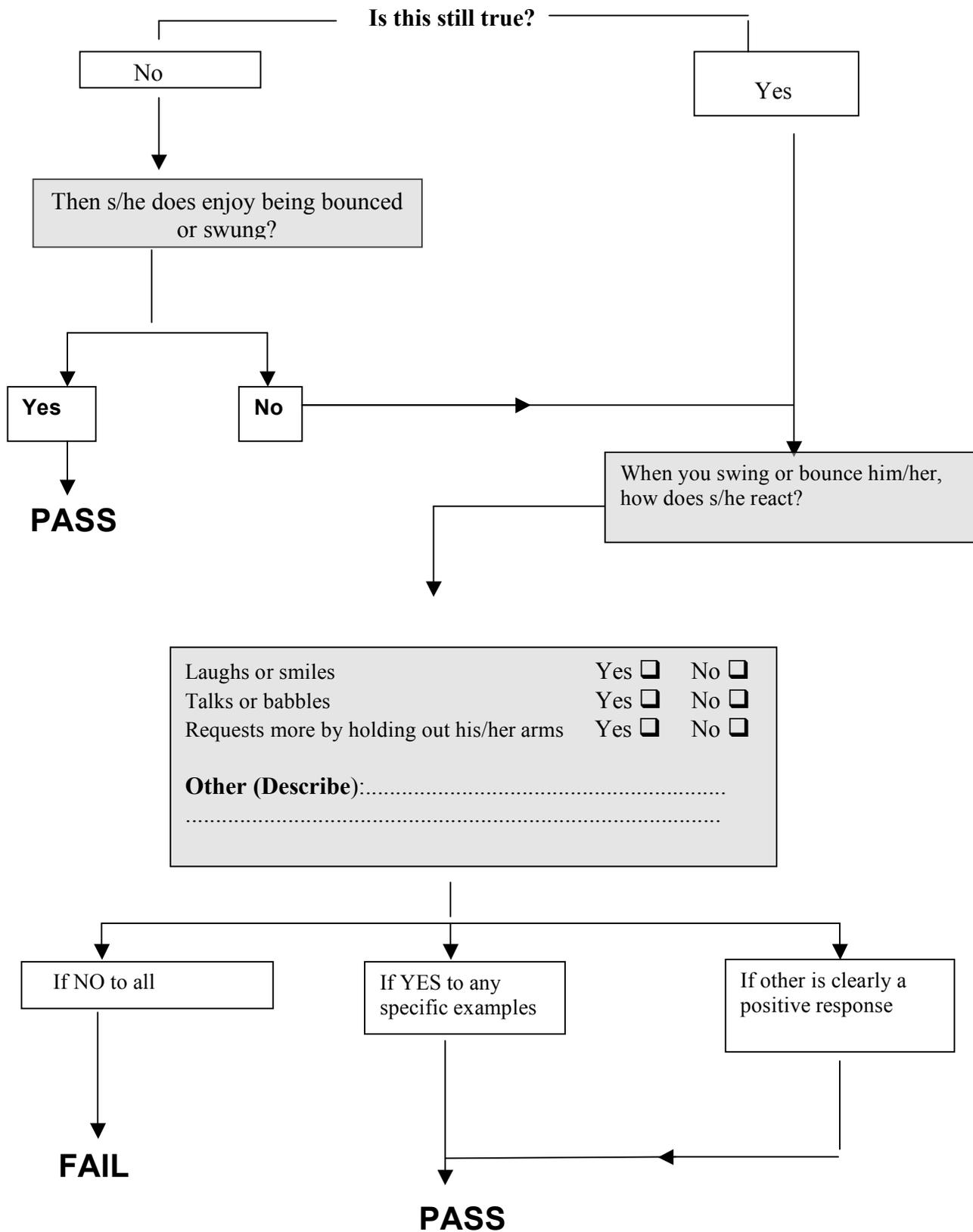
Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of “Yes” indicates risk for autism (11, 18, 20, 22) are noted by the word **REVERSE**.

- | | | | |
|------------|--|------------|-----------|
| 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 up 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 phone or take care of a doll 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 ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. | Can your child play properly with small toys (e.g. cars or blocks) 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) (REVERSE) | 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? (REVERSE) | 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? (REVERSE) | 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? (REVERSE) | Yes | No |
| 23. | Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |

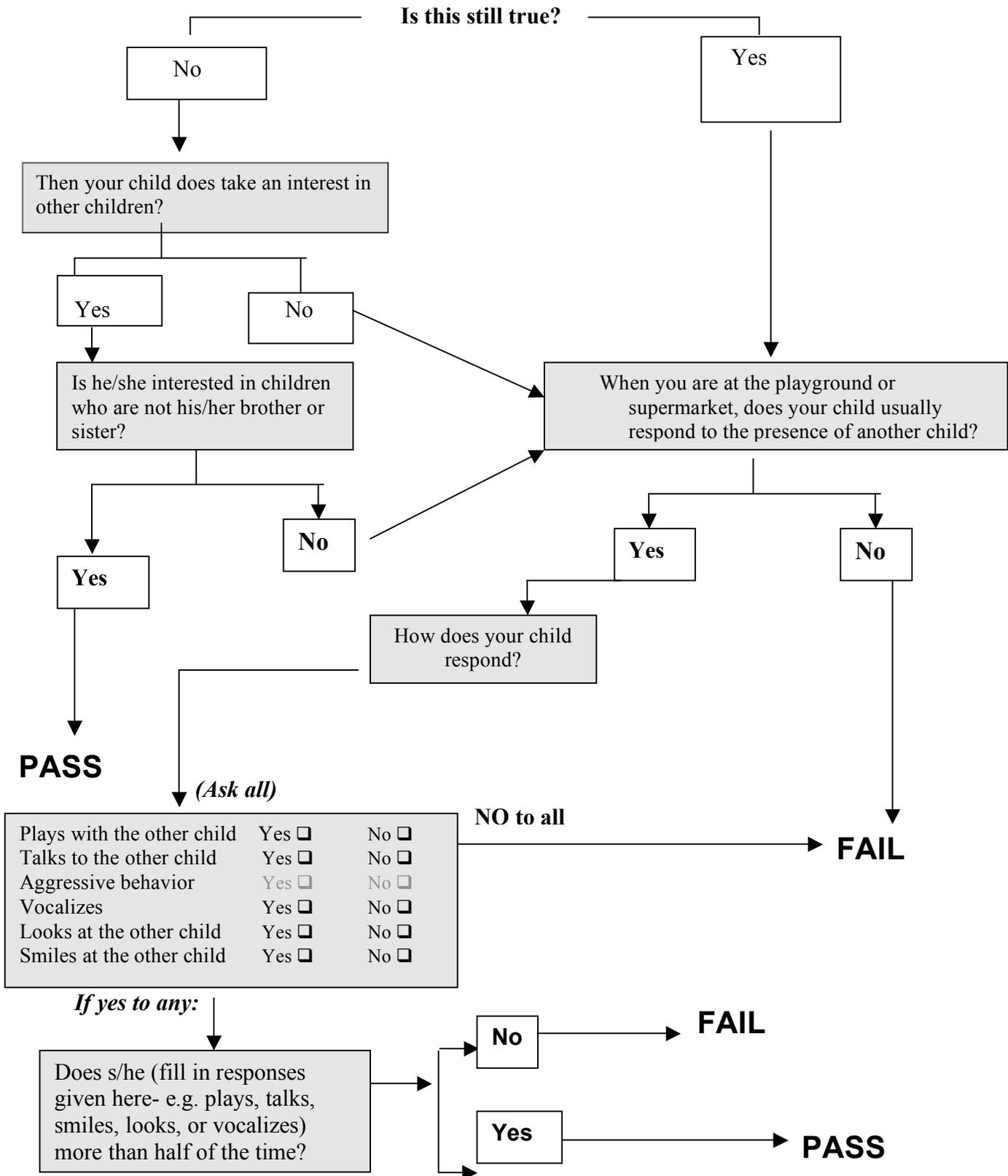
Critical Score: _____

Total Score: _____

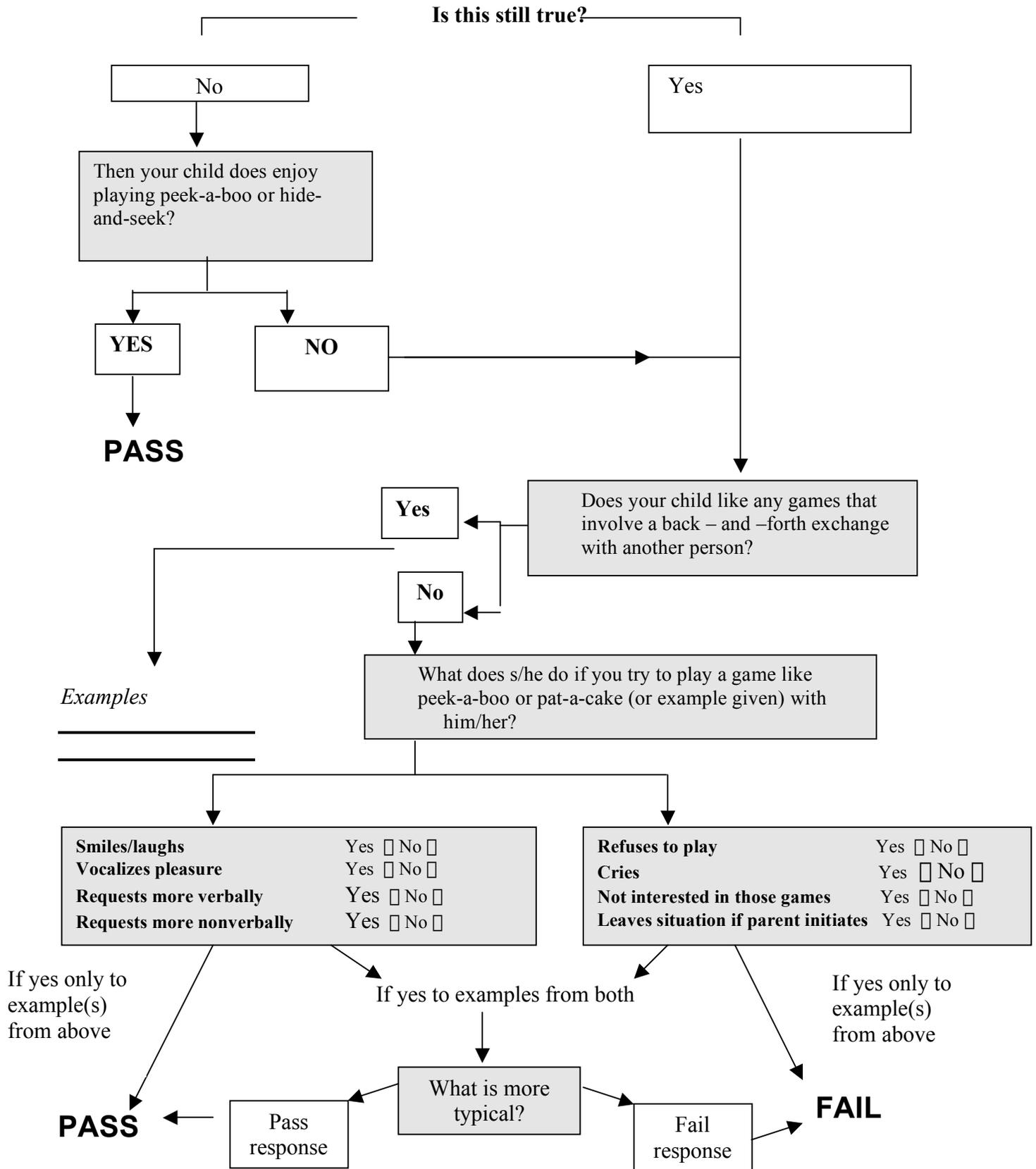
1. You reported that _____ does not enjoy being swung, bounced on your knee, etc.



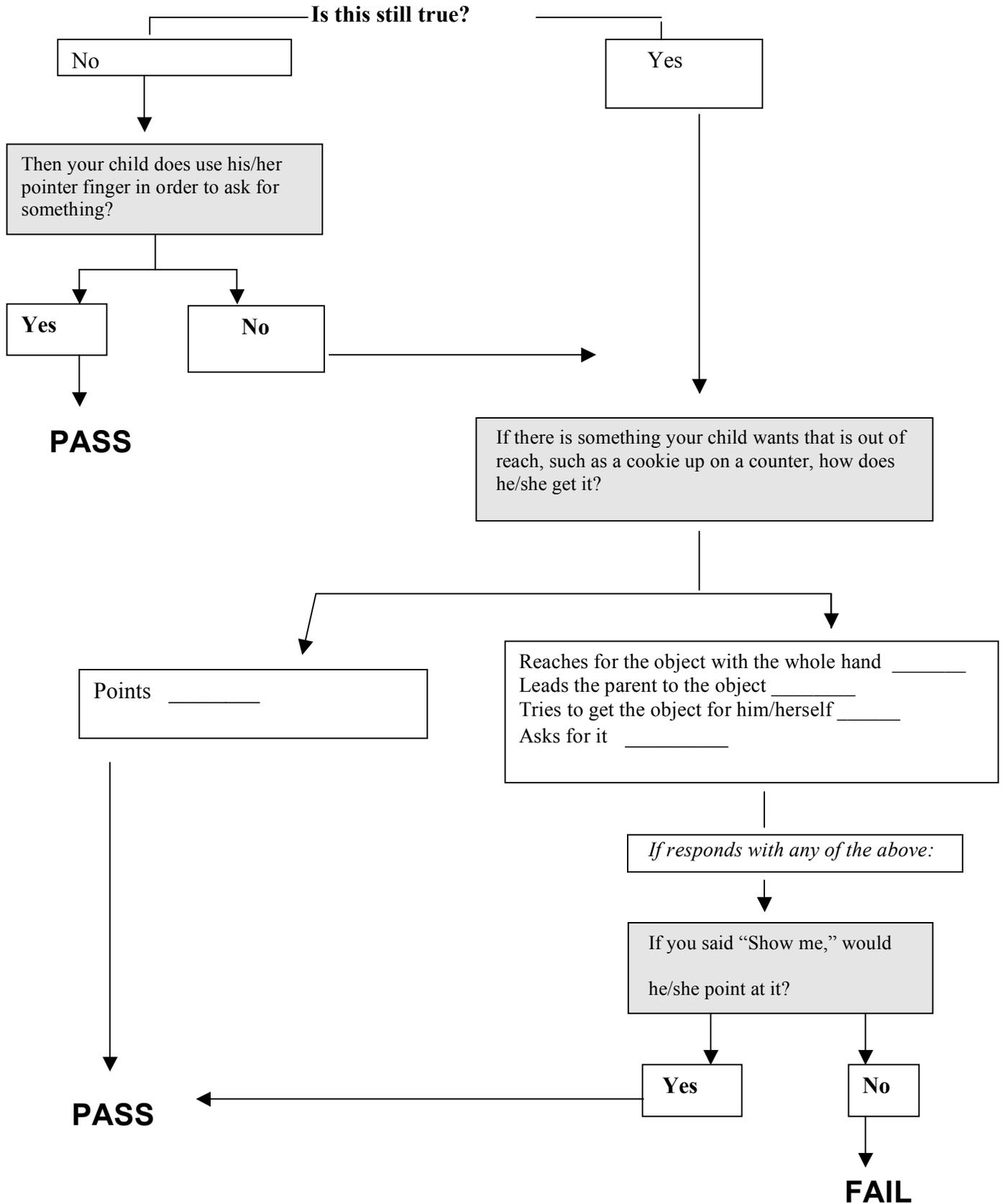
2. You reported that _____ does not take an interest in other children.
(Critical)



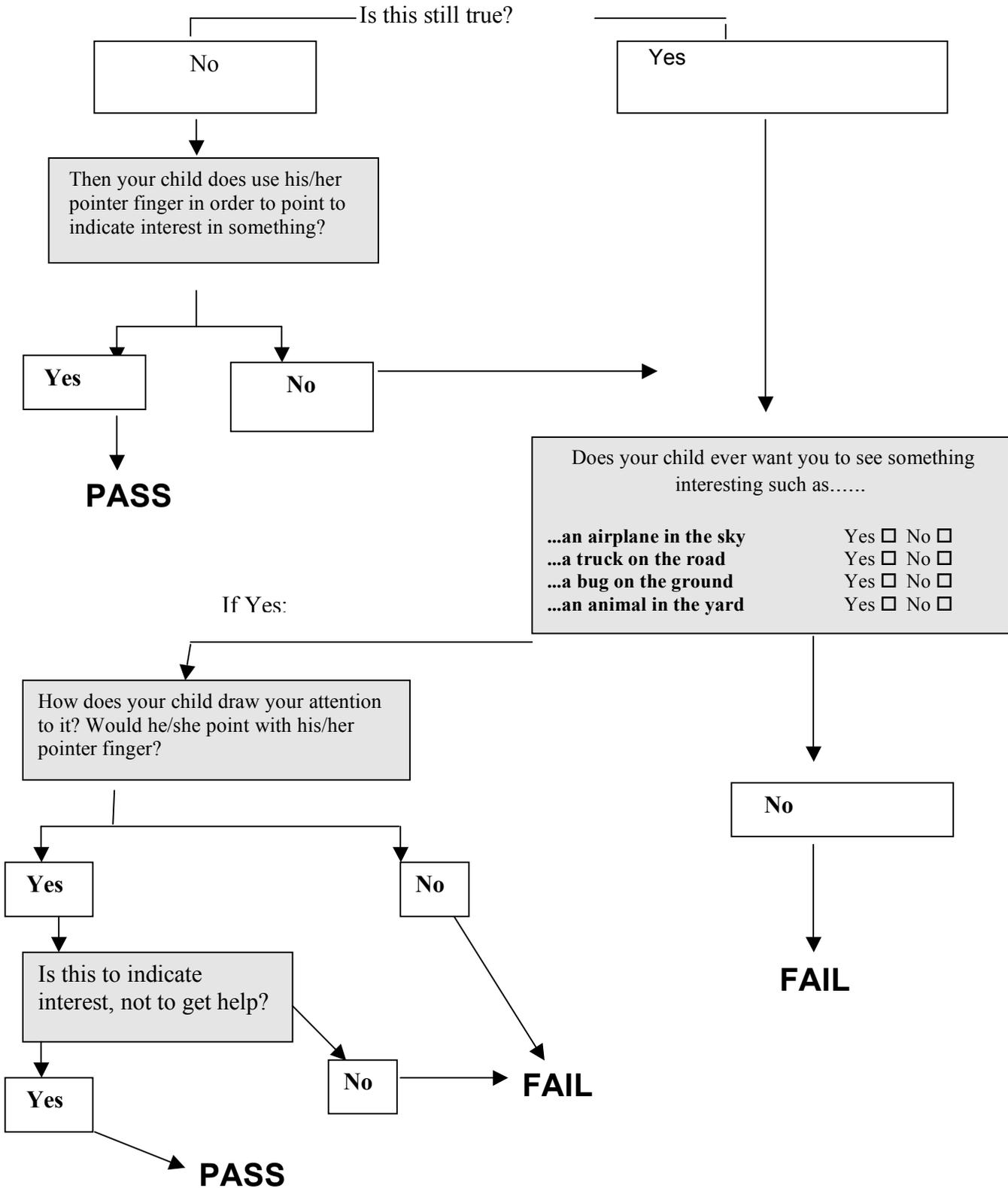
4. You reported that _____ does not enjoy playing peek-a-boo / hide – and –seek.



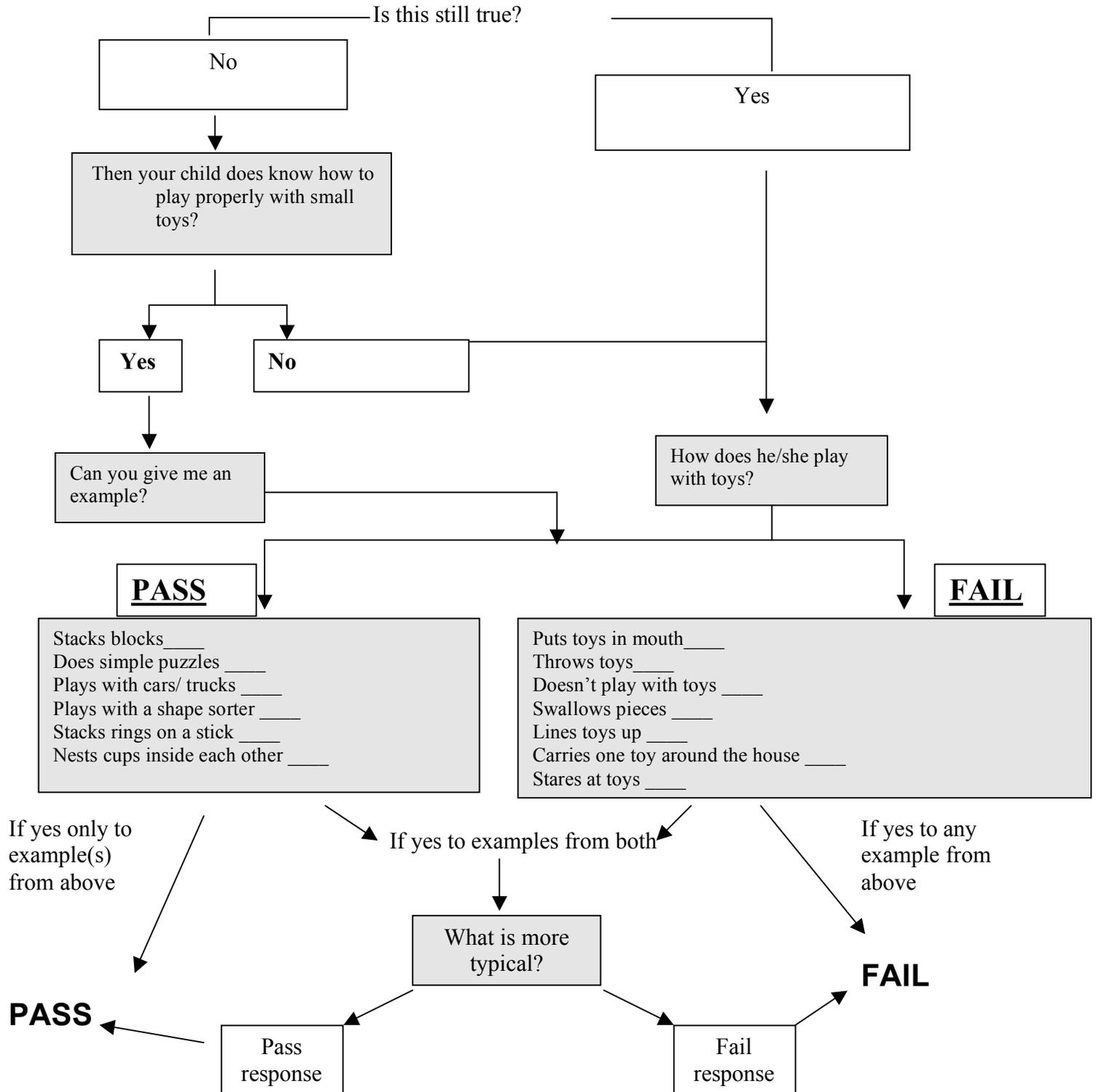
6. You reported that _____ does not use his/her pointer finger to point, to ask for something.



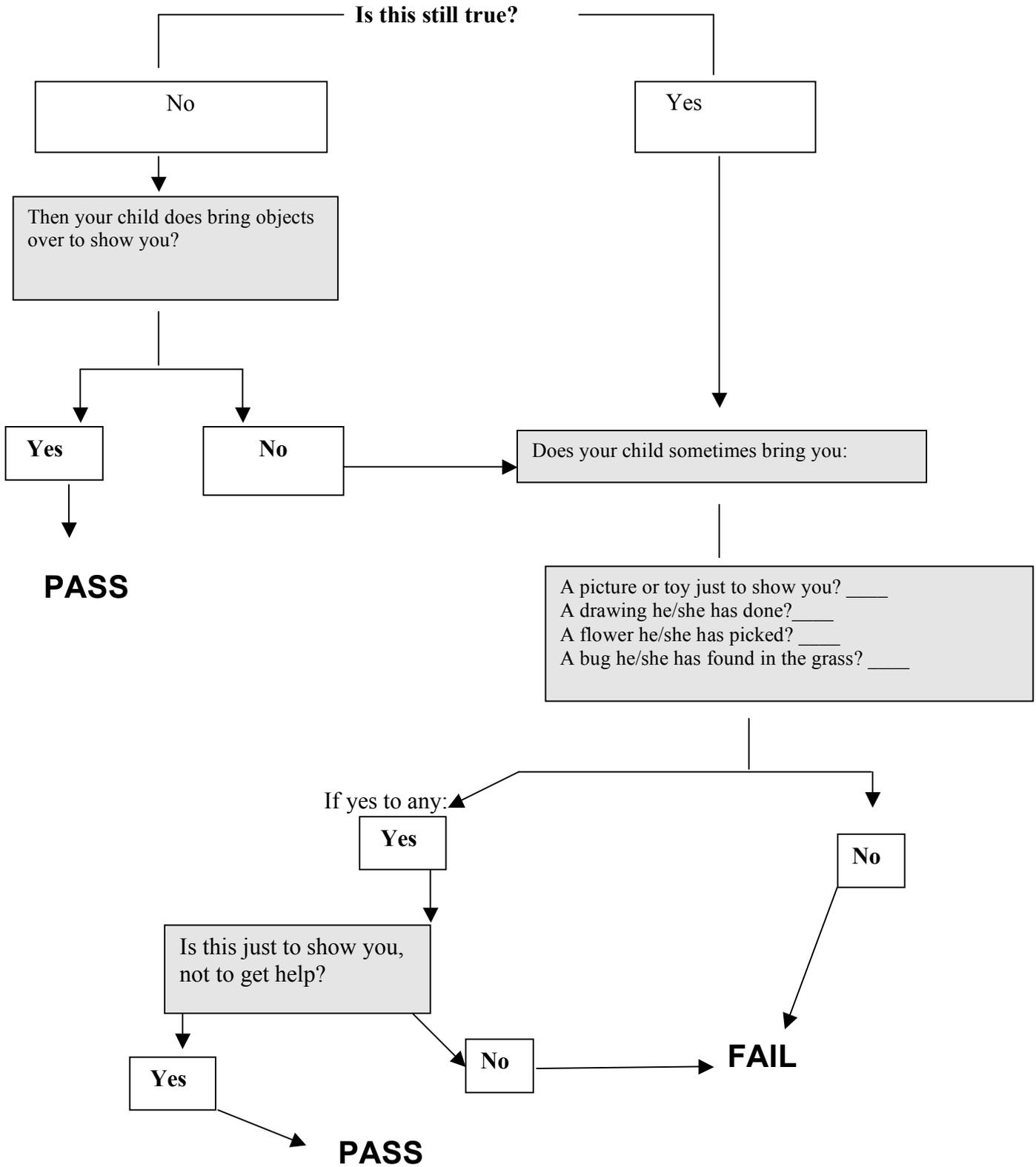
7. You reported that _____ does not use his/her pointer finger to point, to indicate interest in something. (Critical)



8. You reported that _____ does not play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them.



9. You reported that _____ does not bring objects over to you (parent) to show you something. (Critical)



10. You reported that _____ does not look you in the eye for more than a second or two?

Is this still true?

No

Yes

Then your child does look you in the eyes for more than a second or two?

Yes

No

PASS

Does s/he look you in the eyes when s/he needs something? ____
When playing with you? ____
During feeding? ____
During diaper changes? ____
When you are reading him/her a story? ____

Yes only to one

Yes to two or more

No to all

PASS

FAIL

Does your child look you in the eyes every day?

Yes

No

On a day when you are together all day, does he/she look you in the eyes at least 5 times?

Yes

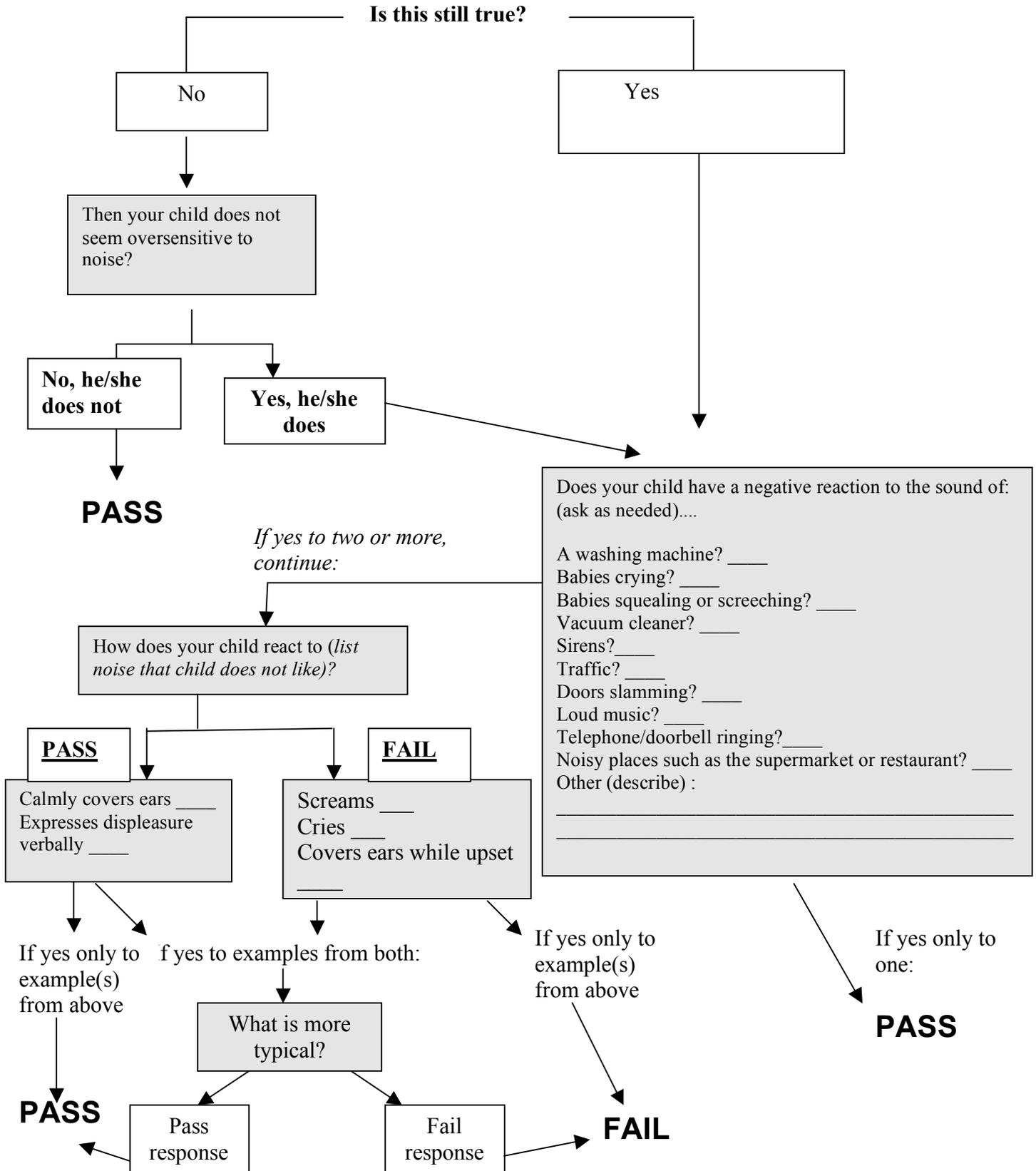
No

PASS

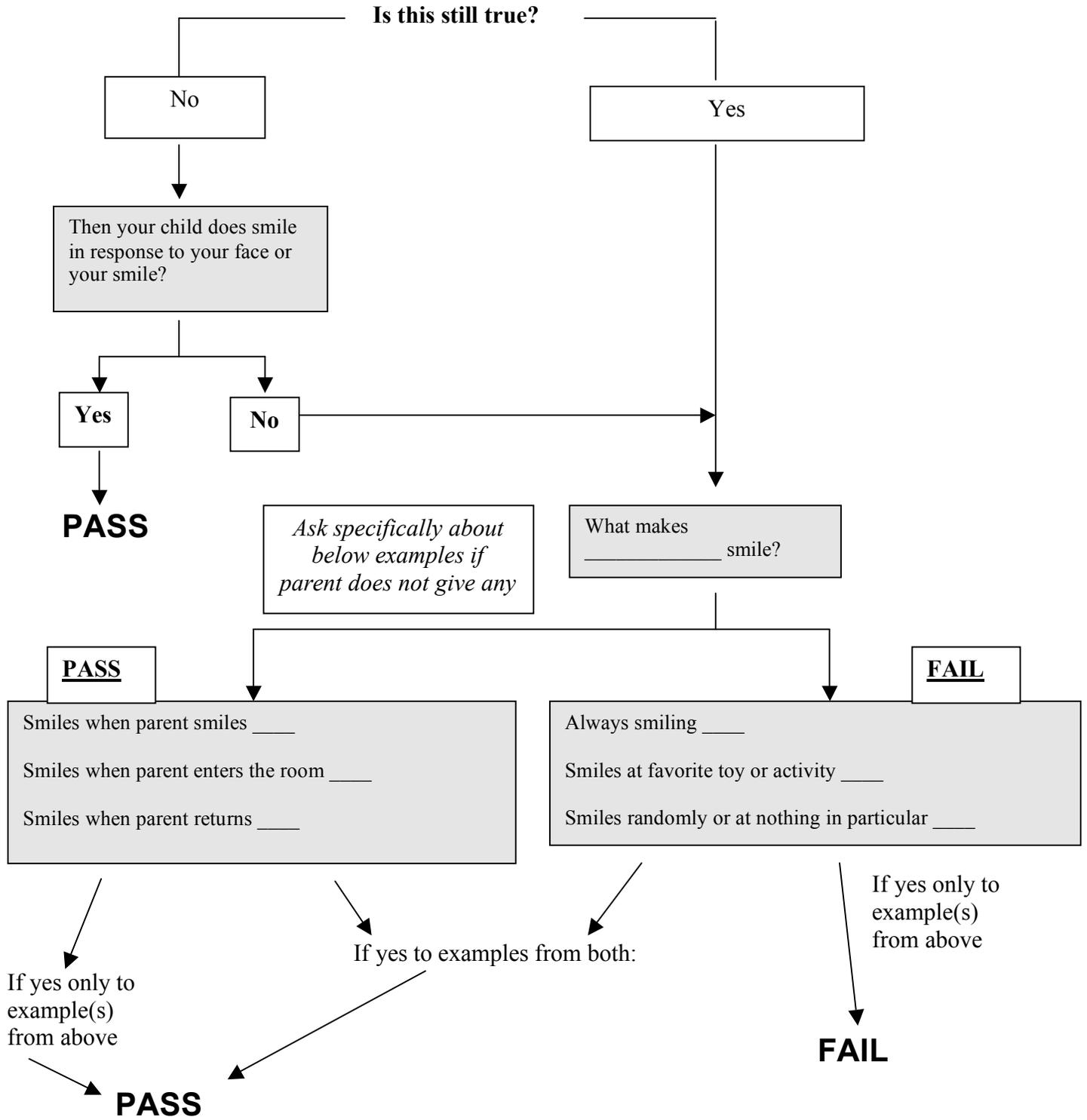
FAIL

FAIL

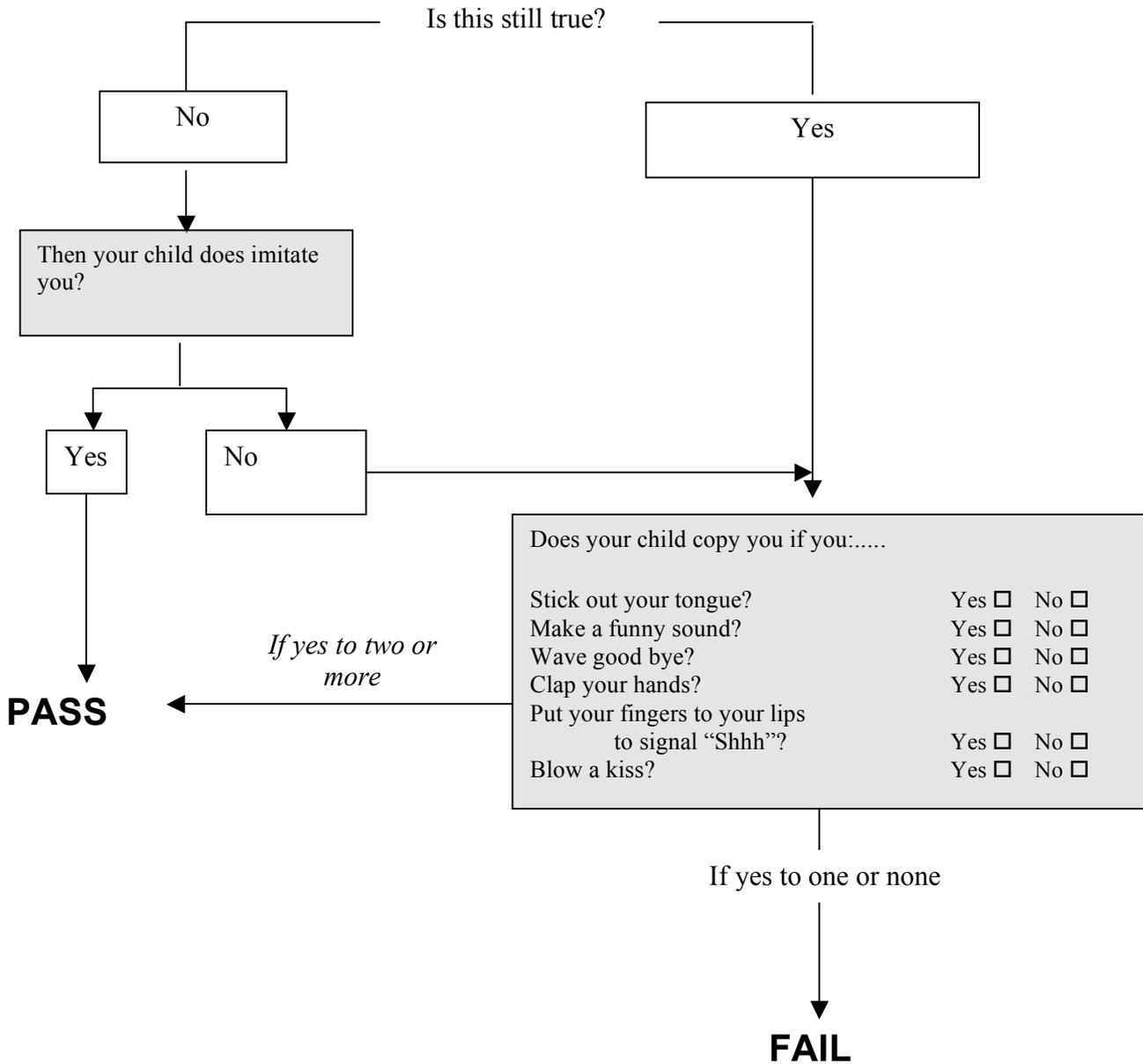
11. You reported that _____ sometimes seems oversensitive to noise.



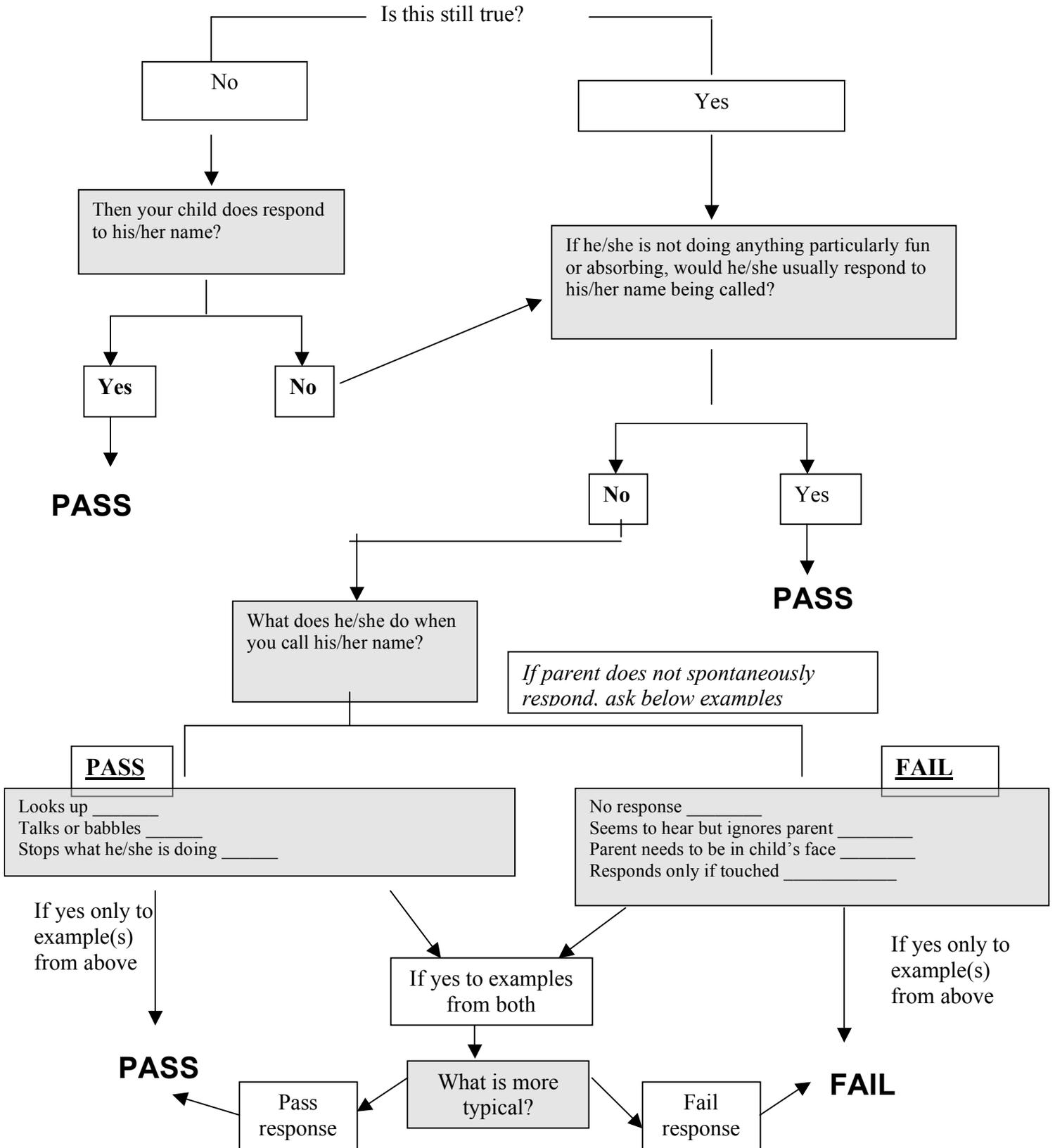
12. You reported that _____ does not smile in response to your face or your smile.



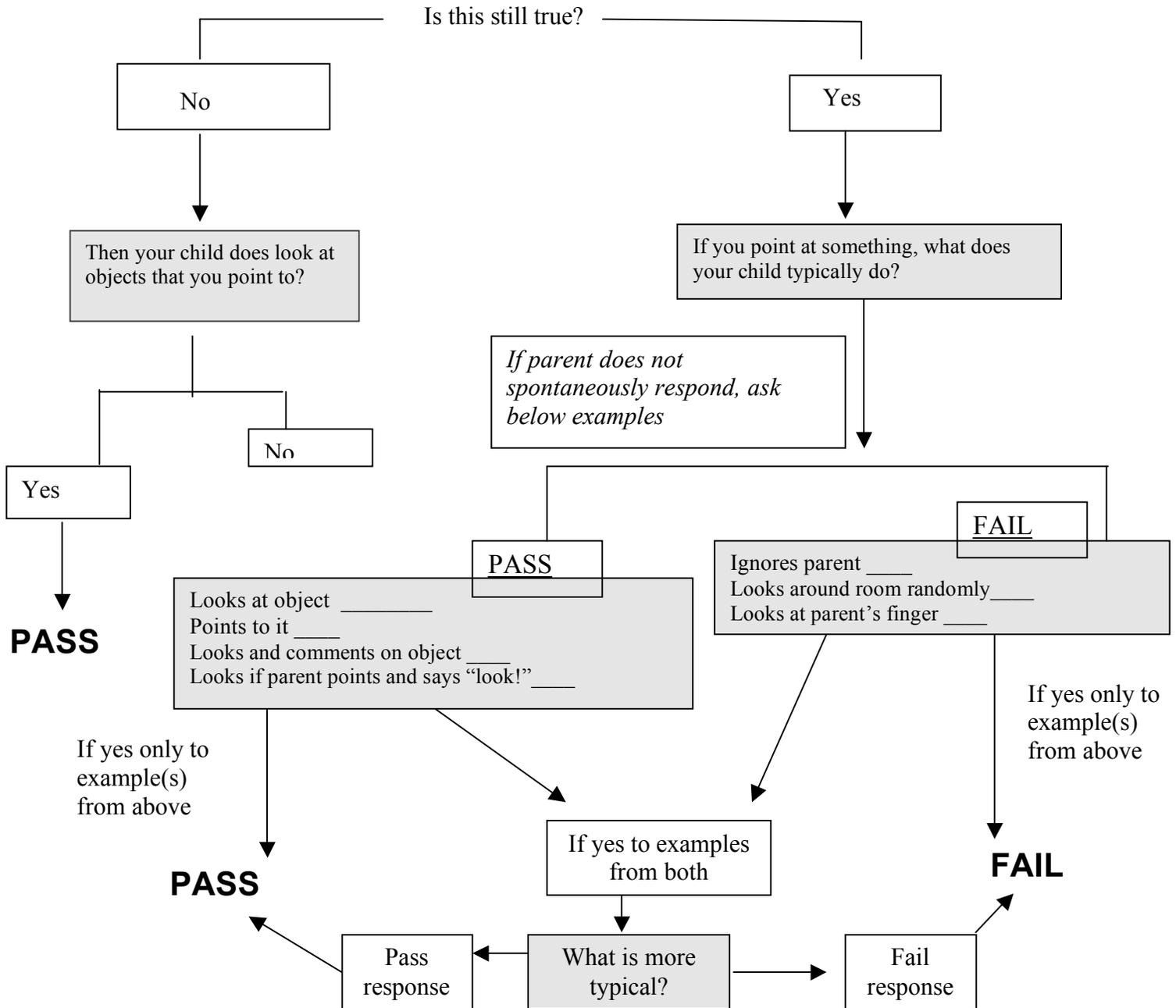
13. You reported that _____ does not usually imitate you. (Critical)



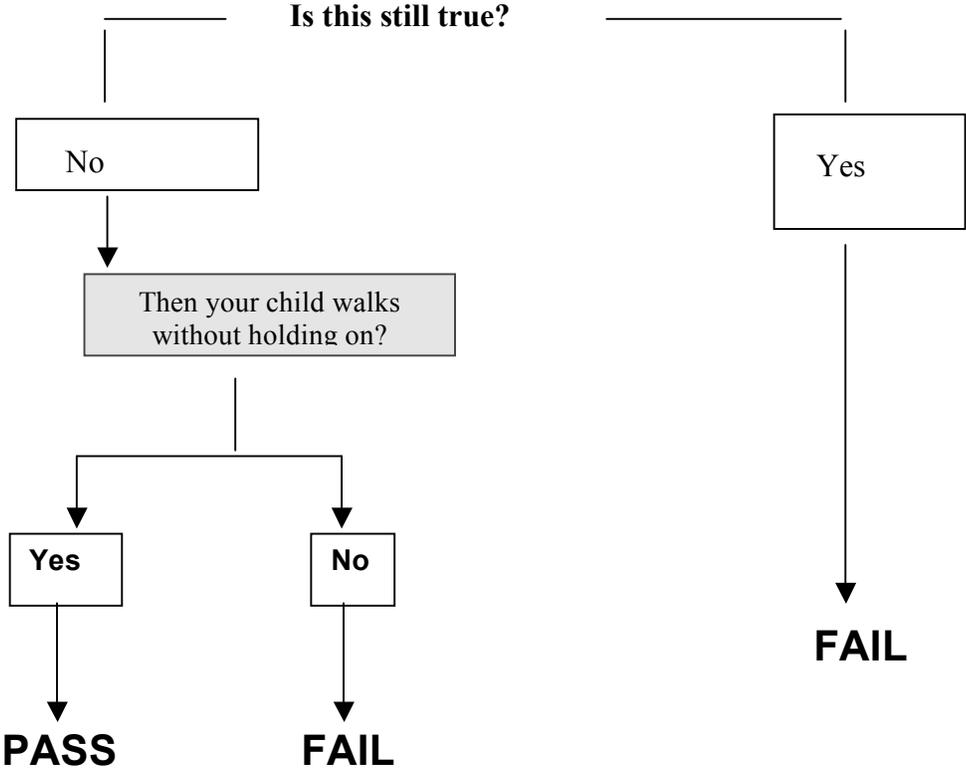
14. You reported that _____ does not respond to his/her name when you call.
 (Critical)



15. You reported that if you point at a toy across the room, _____ does not look at it. (Critical)

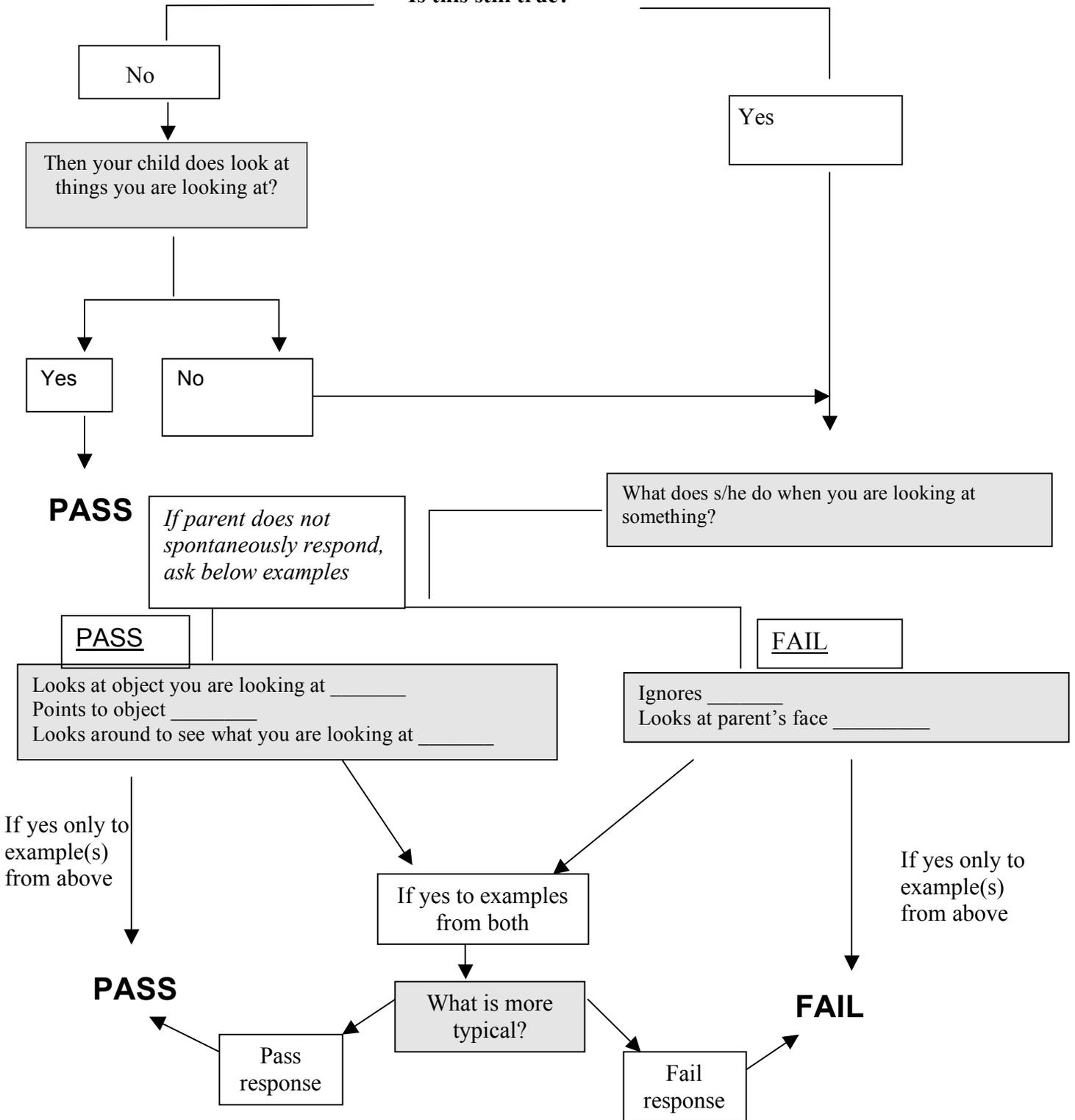


16. You reported that your child does not walk.



17. You reported that _____ does not look at things you are looking at.

Is this still true?



18. You reported that _____ makes unusual finger movements near his/her face.

Is this still true?

No

Yes

Then he/she does not make any unusual finger movements?

No

Yes

Please describe these movements.

If parent does not spontaneously respond, ask below examples

PASS

PASS

Looks at hands _____
Moves fingers when playing peek-a-boo _____

FAIL

Wiggles his/her fingers near his/her eyes _____
Holds hands up close to eyes _____
Holds hands off to the side of his/her eyes _____
Flaps hands near face _____
Other (describe) _____

If yes to any fail response

Does this happen more than twice a week?

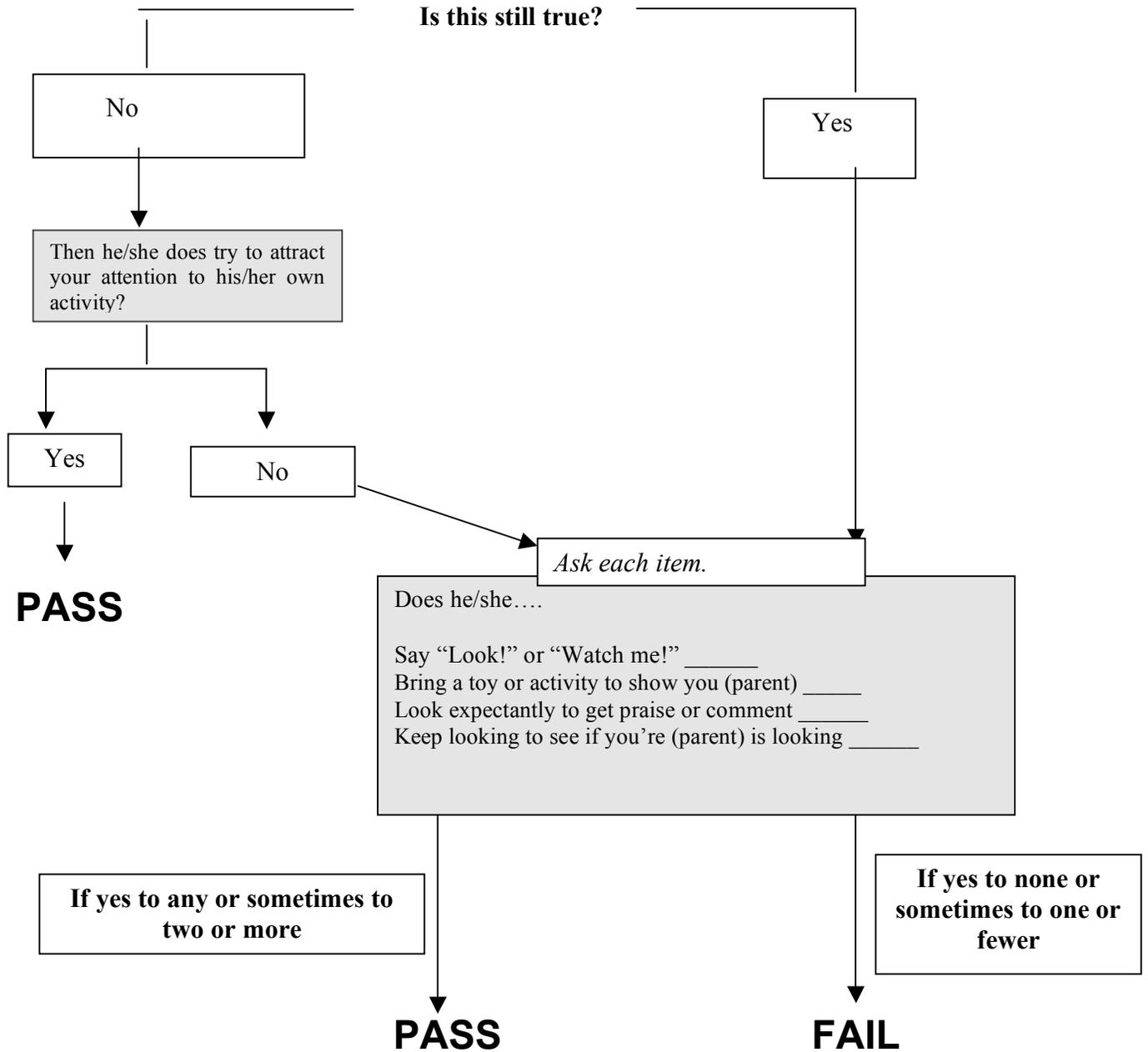
No

Yes

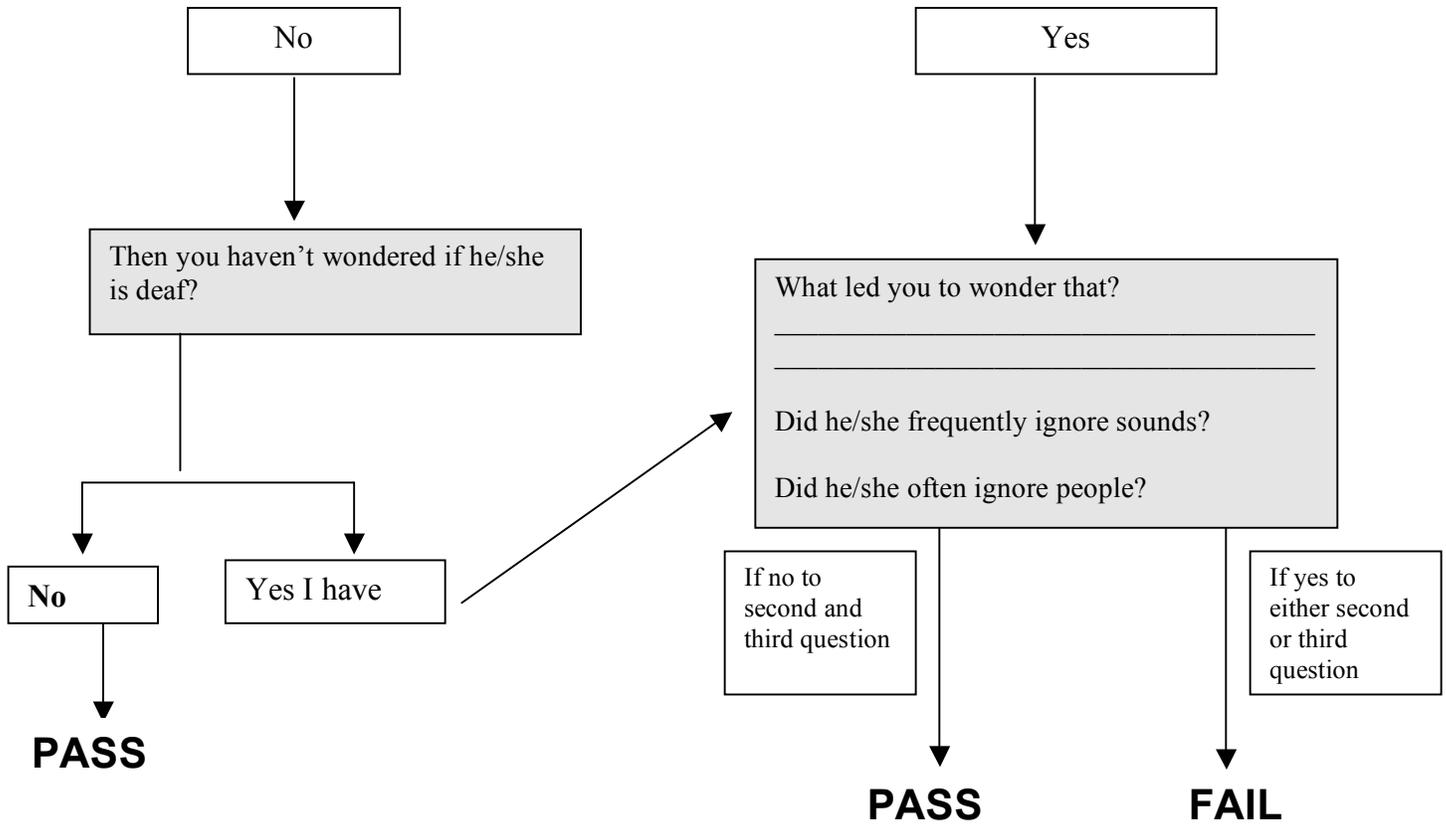
PASS

FAIL

19. You reported that _____ does not try to attract your attention to his/her own activity.



20. Have you wondered if your child is deaf?



Ask all parents:

Has your child's hearing been tested? *If YES*, what were the results?

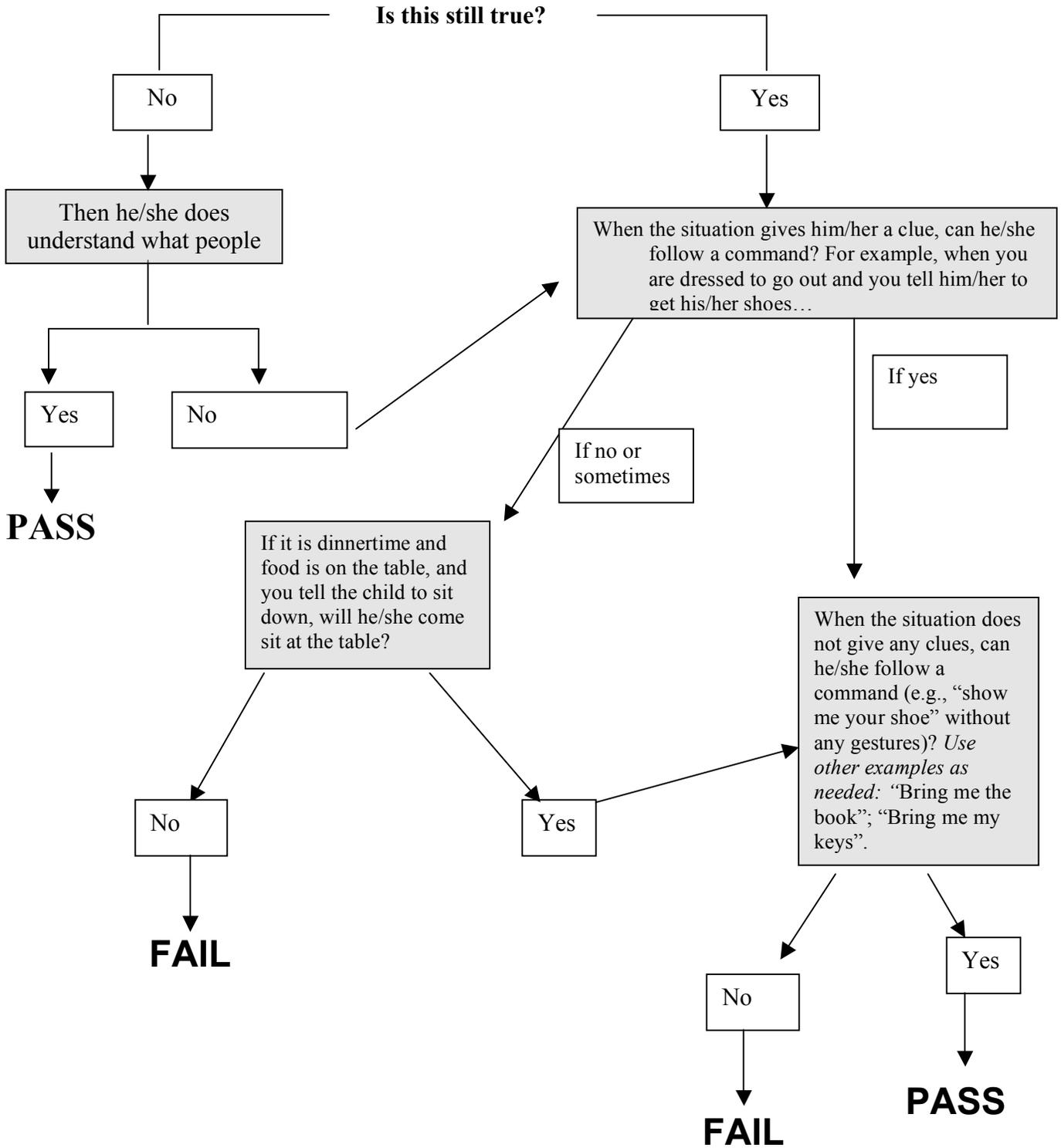
Note results _____ Hearing impaired _____ Hearing in normal range

If hearing is impaired > PASS

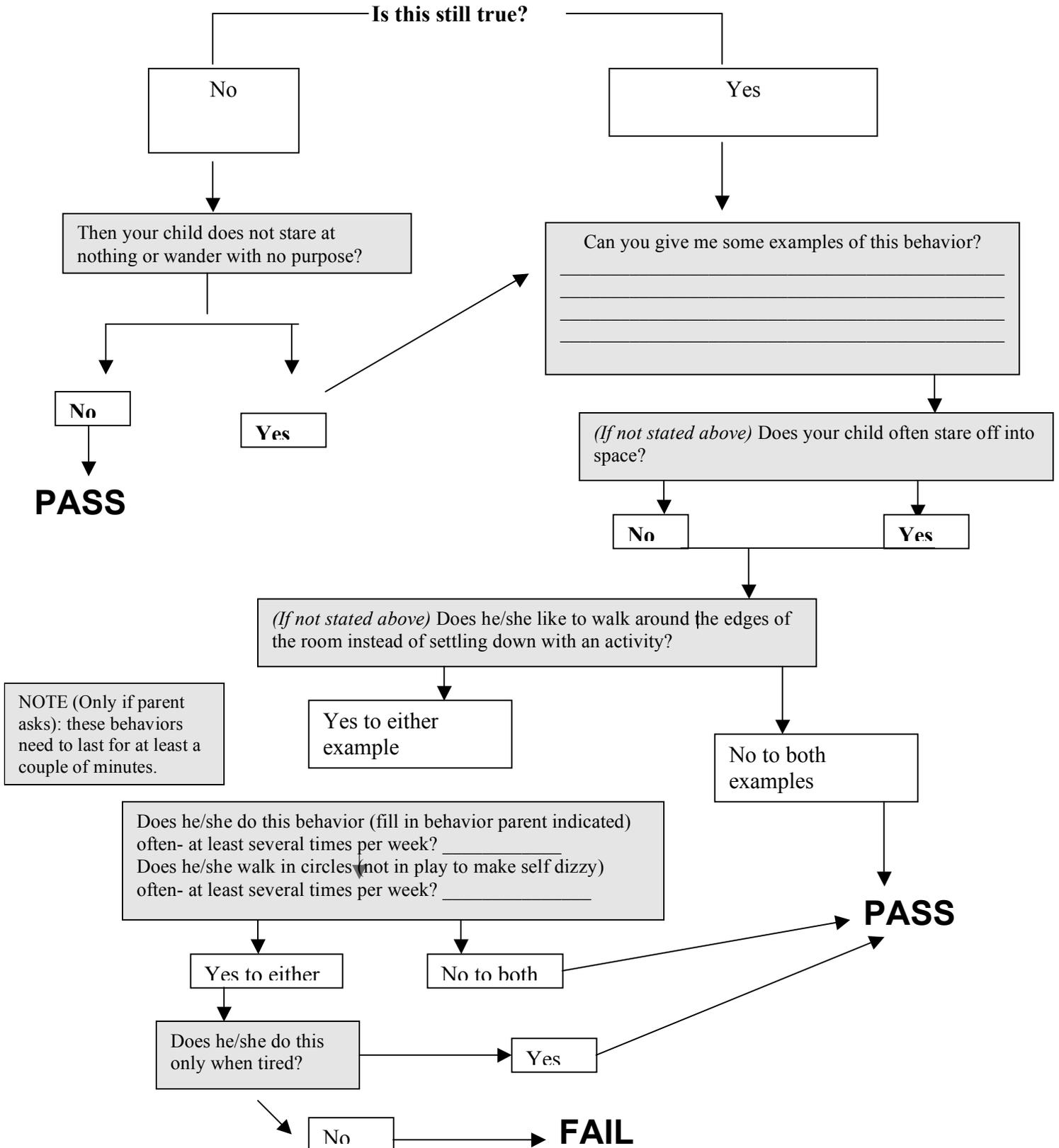
Note: If parents report that they wondered about their child's hearing only as part of a routine checkup > PASS

Note: Regardless of hearing test results, if child ignores sounds or people > FAIL

21. You reported that _____ does not understand what people say?



22. You reported that _____ sometimes stares at nothing or wanders with no purpose.



23. You reported that _____ does not usually look at your face to check your reaction when faced with something unfamiliar and a little scary.

