

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™

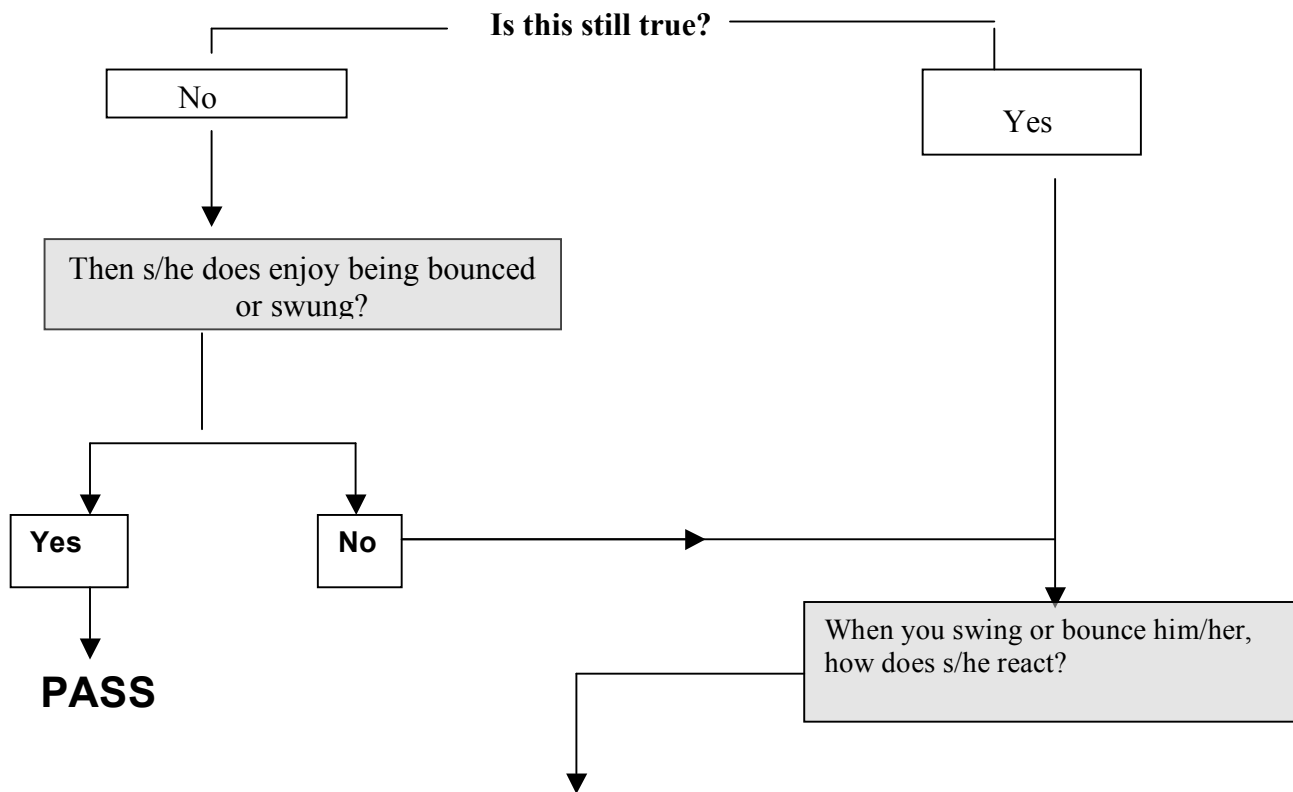
Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of “Yes” indicates risk for autism (11, 18, 20, 22) are noted by the word **REVERSE**.

- | | | | |
|------------|--|------------|-----------|
| 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 |

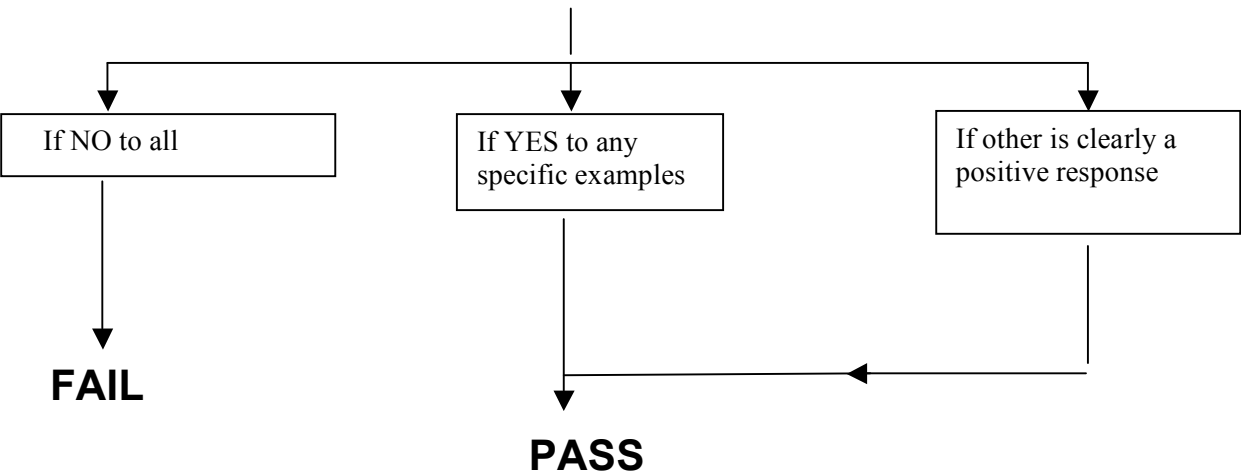
Critical Score: _____

Total Score: _____

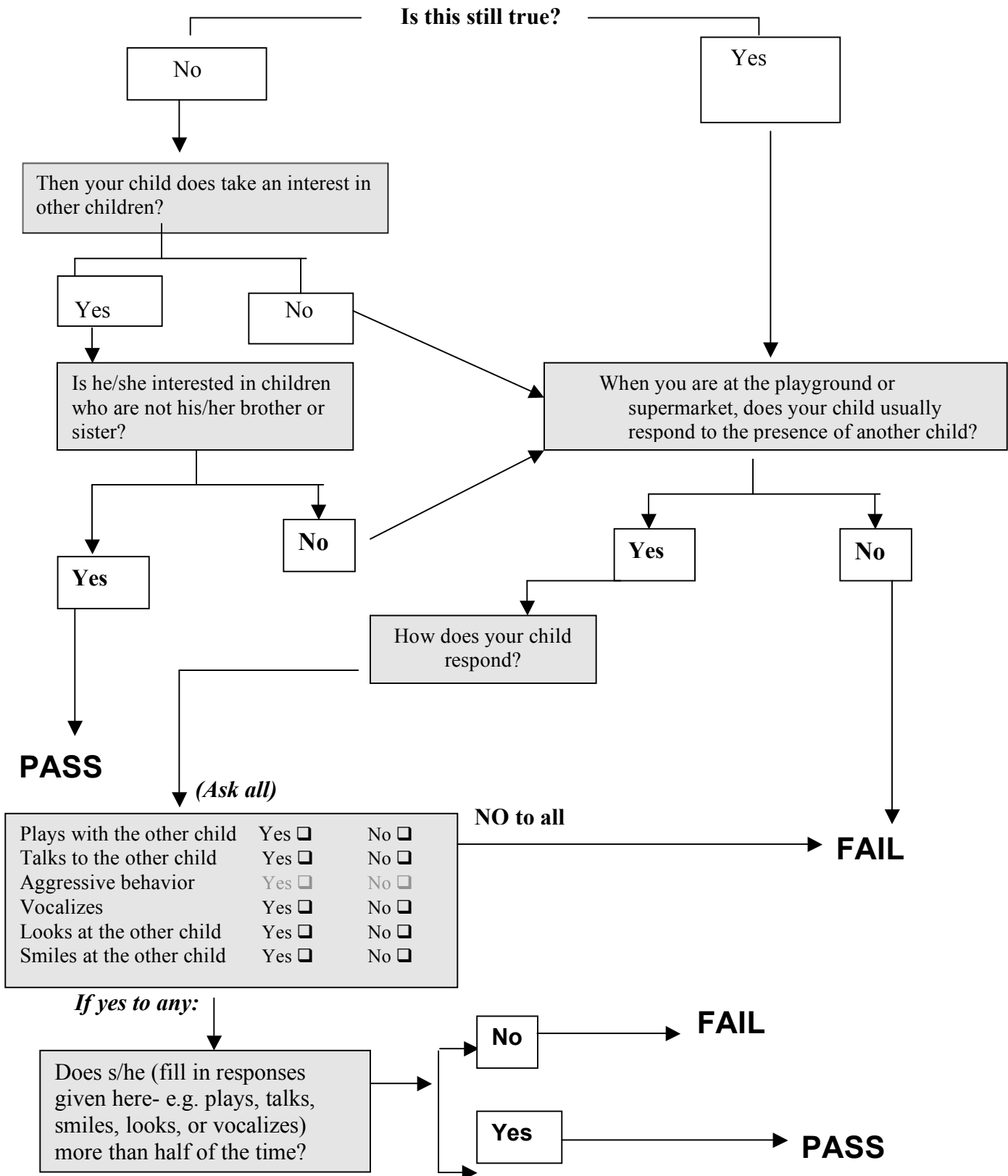
1. You reported that _____ does not enjoy being swung, bounced on your knee, etc.



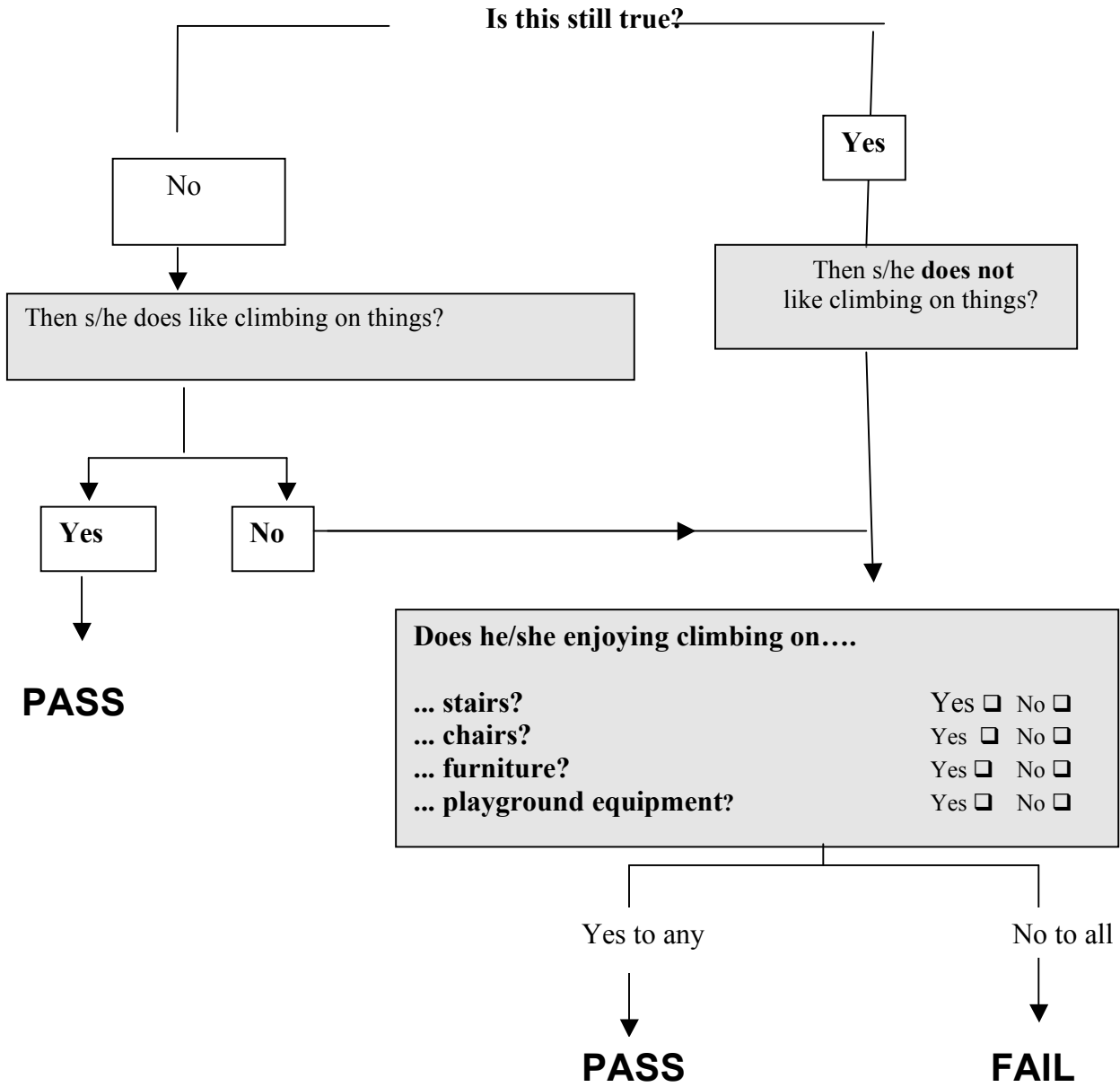
Laughs or smiles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Talks or babbles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Requests more by holding out his/her arms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Describe):		
.....		



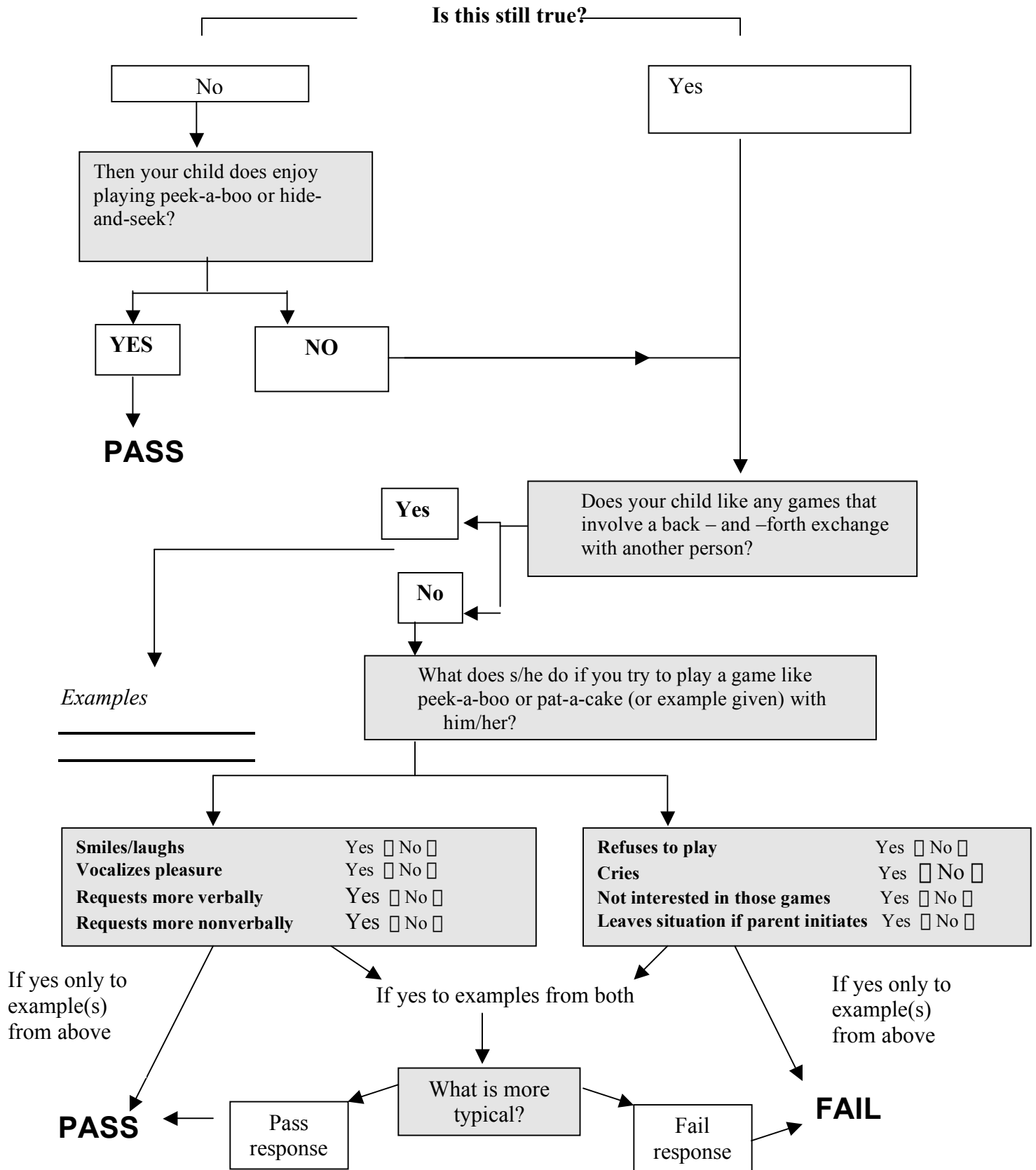
2. You reported that _____ does not take an interest in other children.
(Critical)



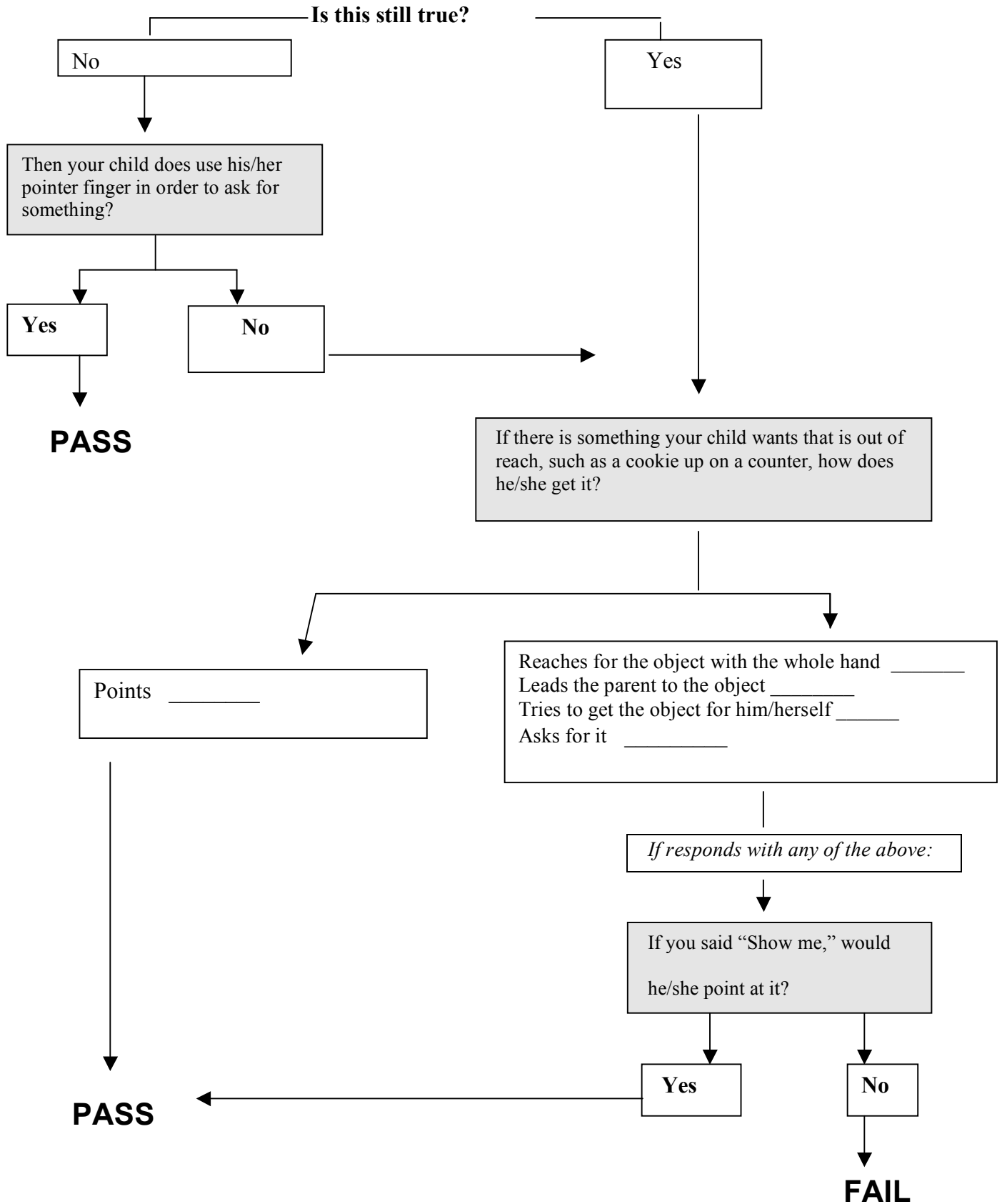
3. You reported that _____ does not like climbing on things, such as up stairs.



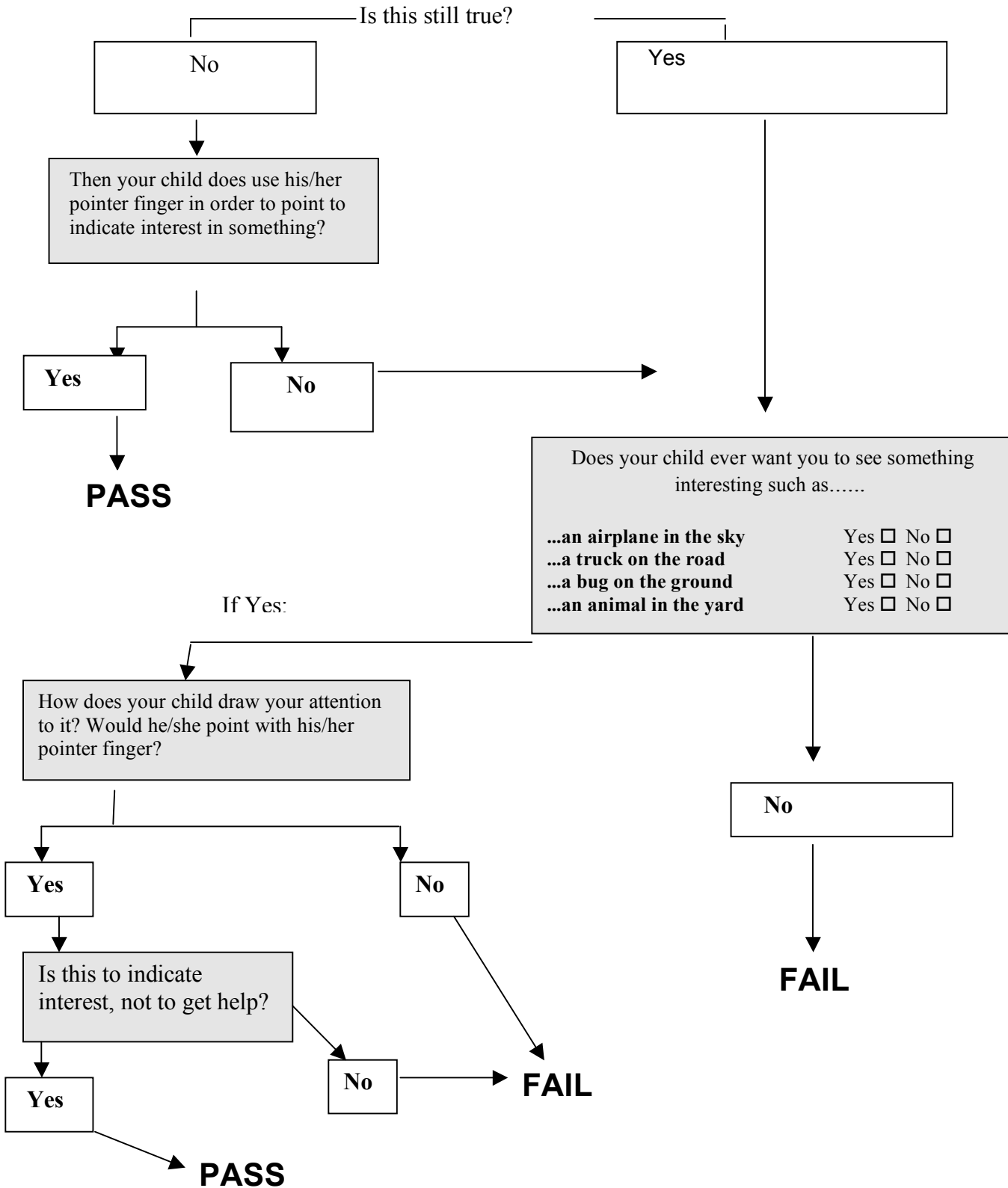
4. You reported that _____ does not enjoy playing peek-a-boo / hide – and –seek.



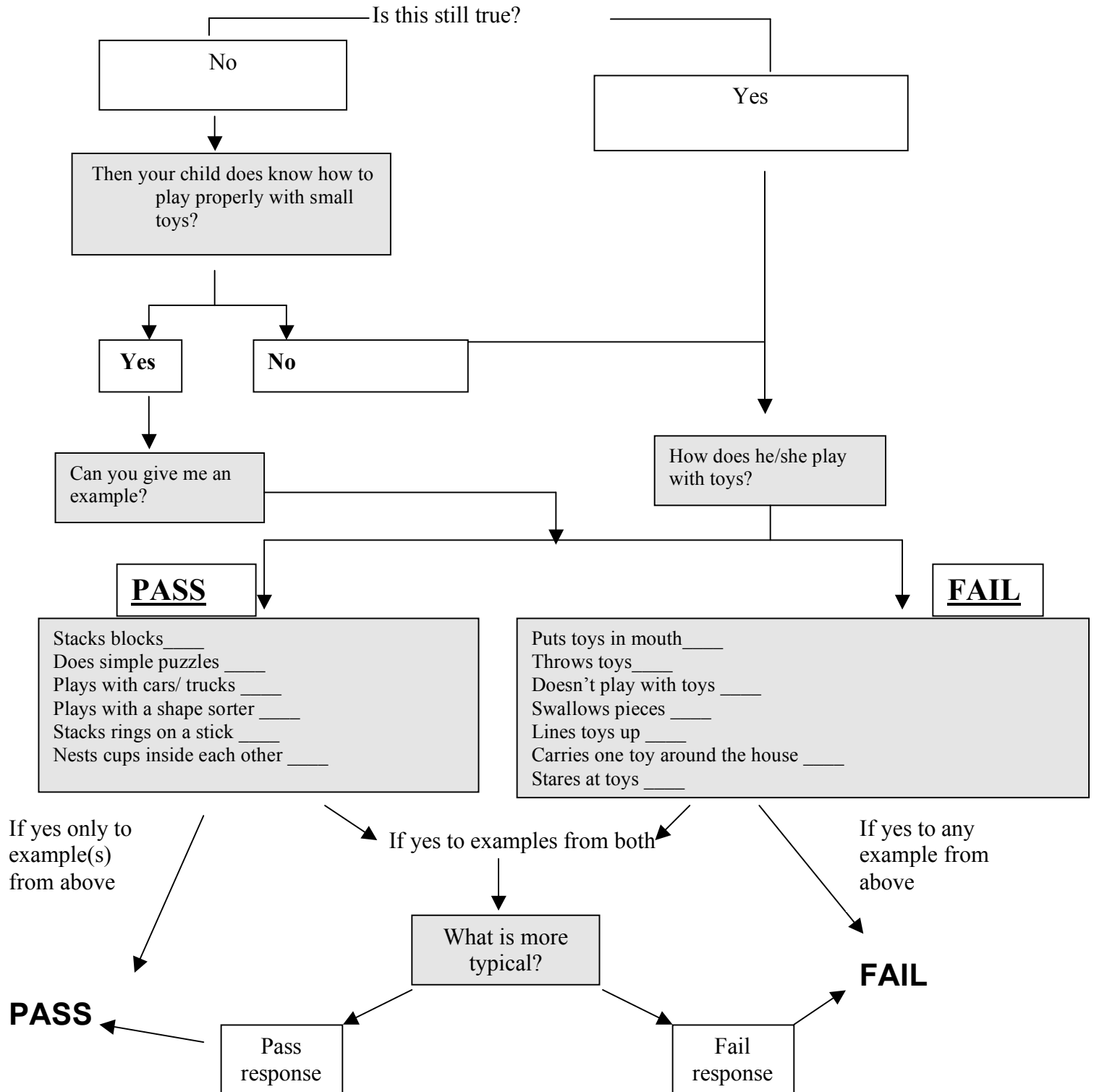
6. You reported that _____ does not use his/her pointer finger to point, to ask for something.



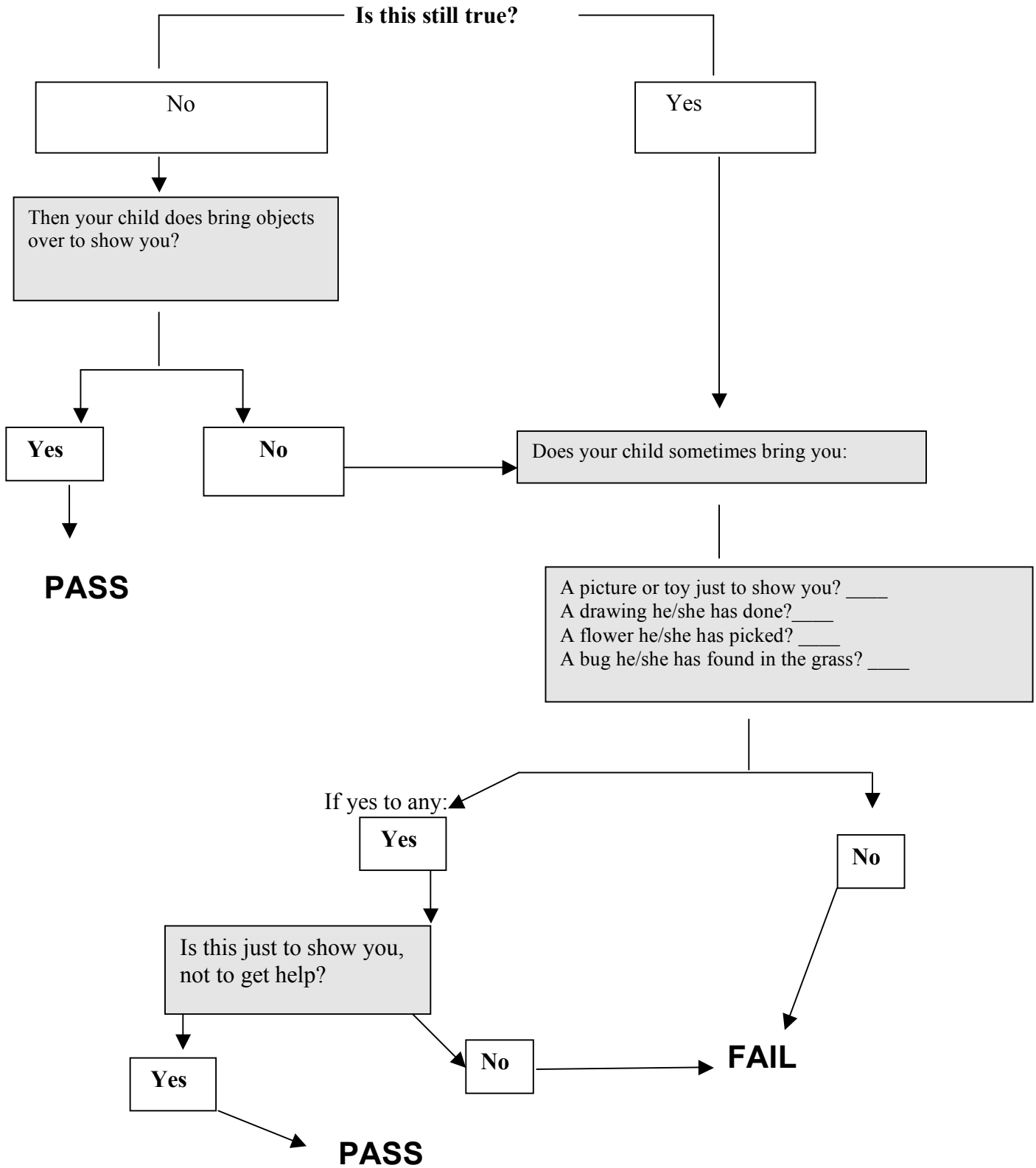
7. You reported that _____ does not use his/her pointer finger to point, to indicate interest in something. (Critical)



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

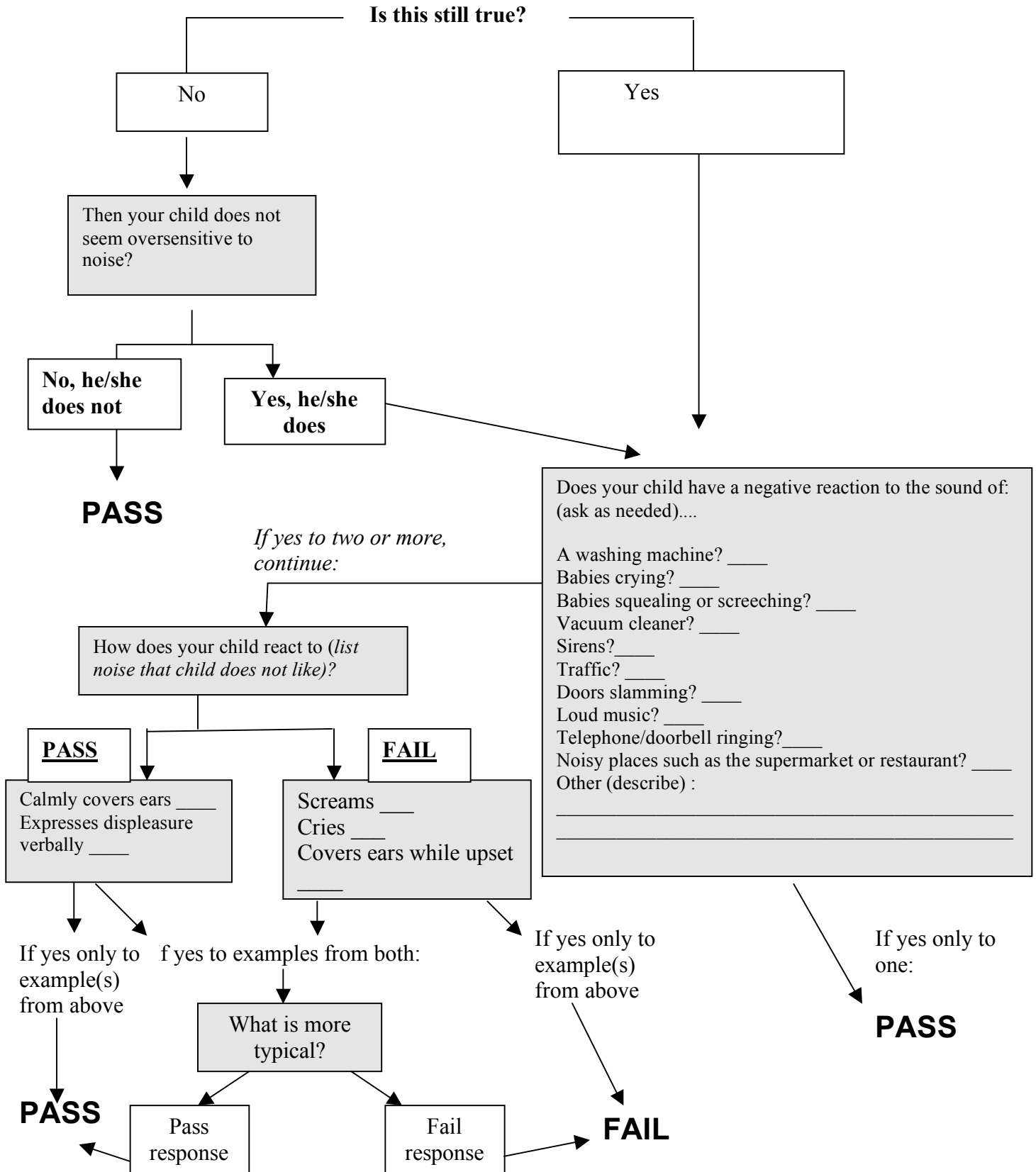
No

PASS

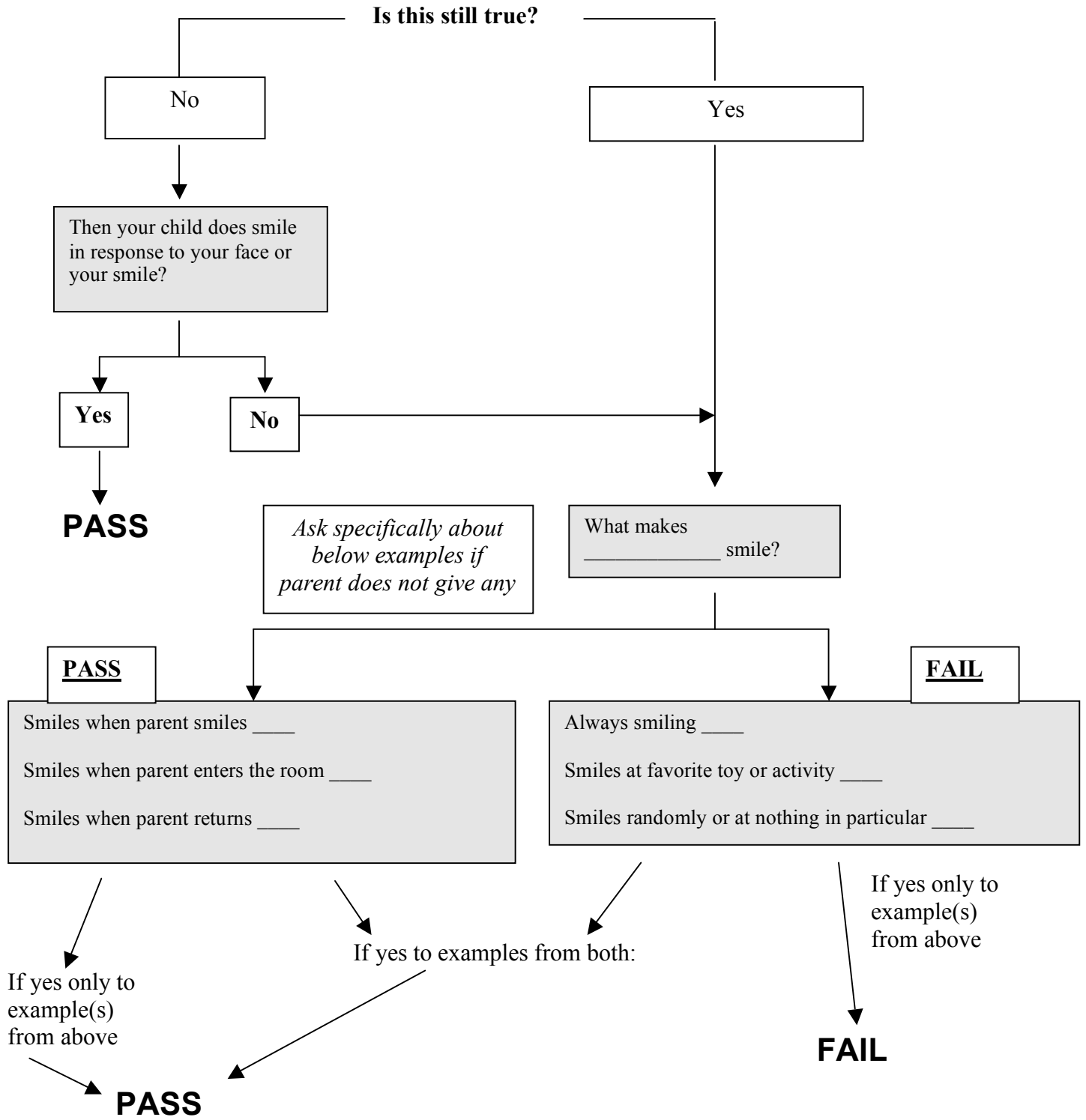
FAIL

FAIL

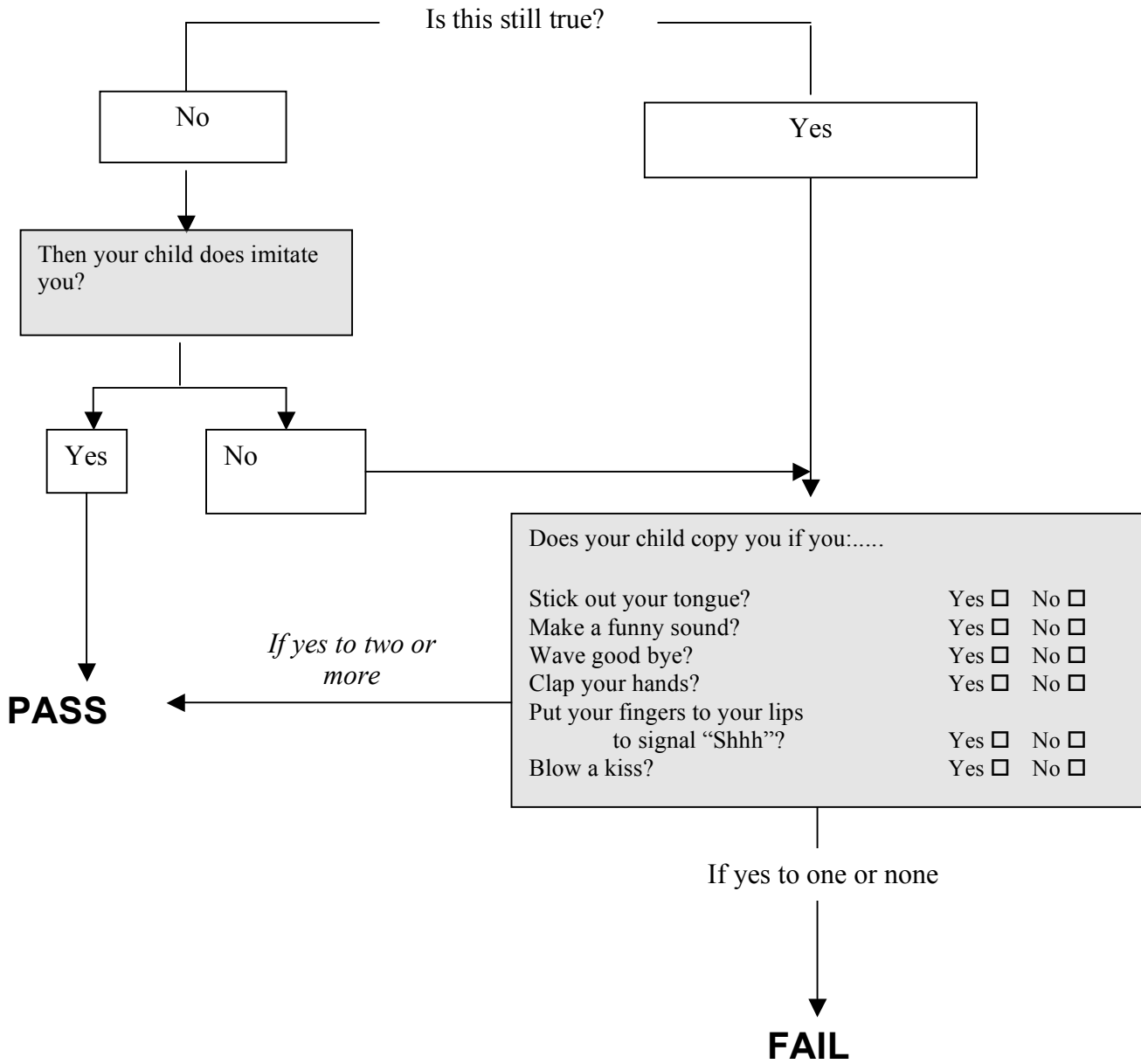
11. You reported that _____ sometimes seems oversensitive to noise.



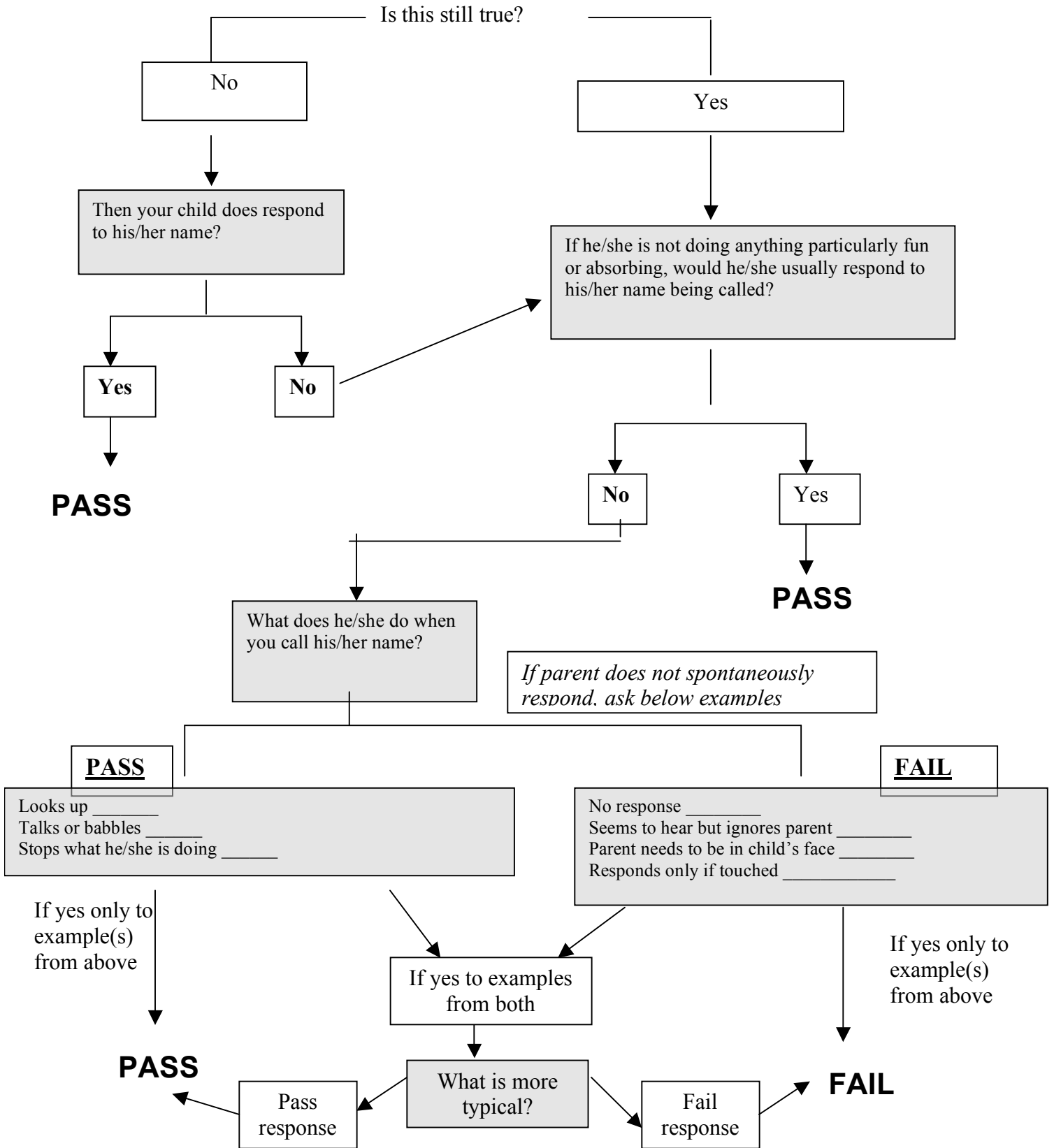
12. You reported that _____ does not smile in response to your face or your smile.



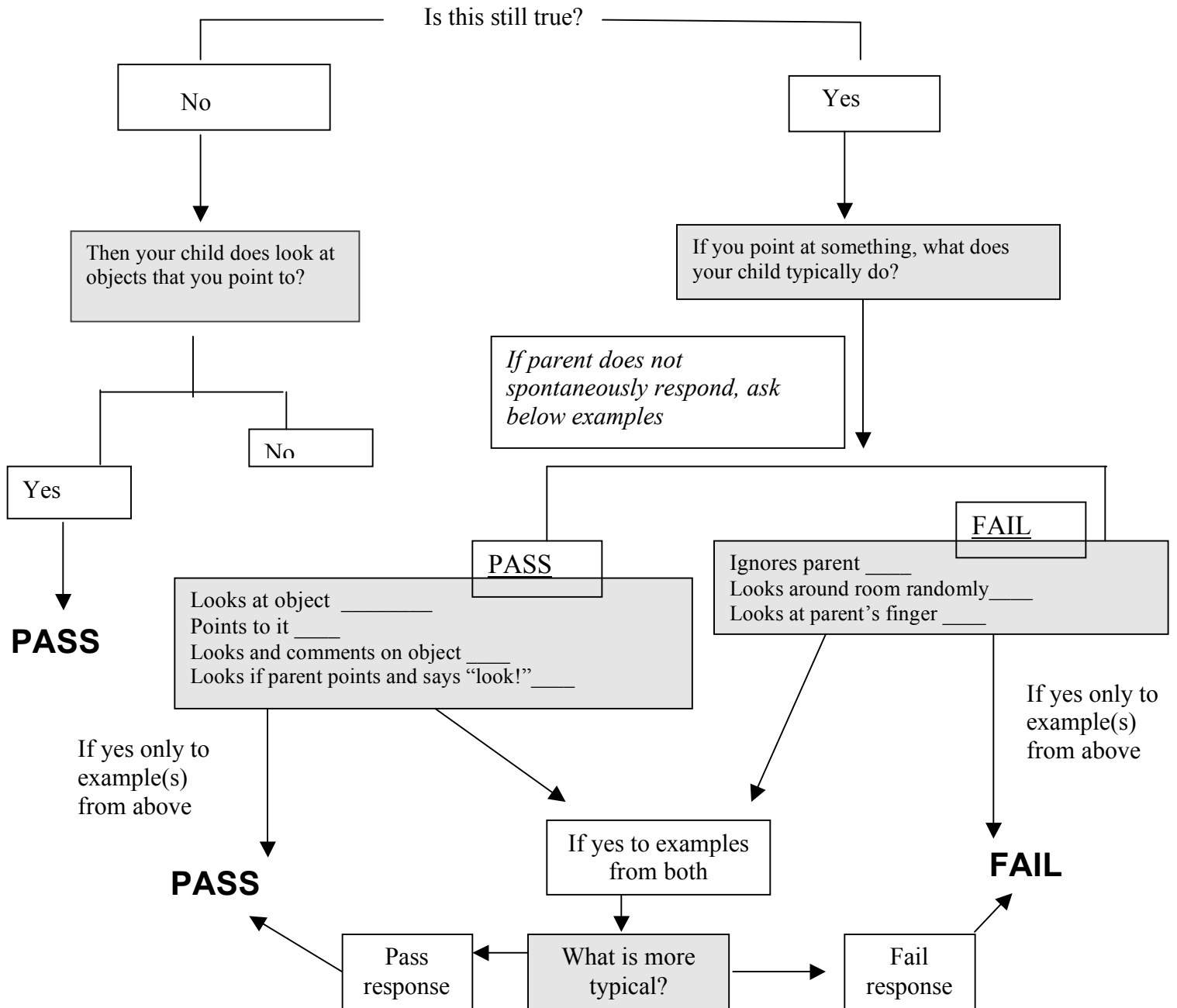
13. You reported that _____ does not usually imitate you. (Critical)



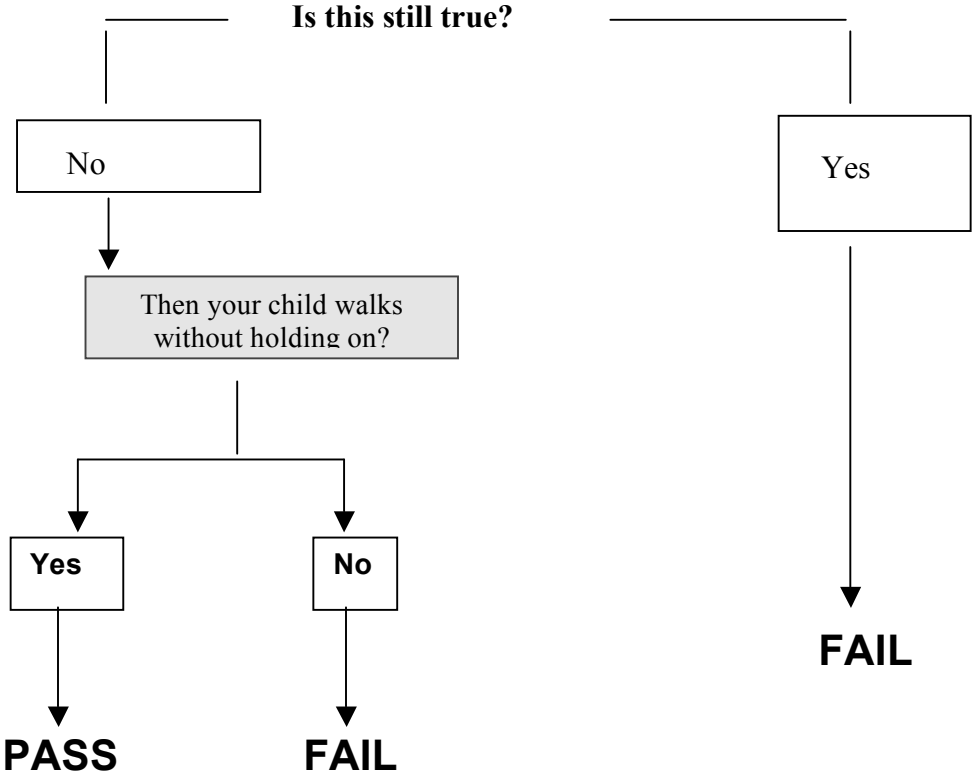
14. You reported that _____ does not respond to his/her name when you call.
(Critical)



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

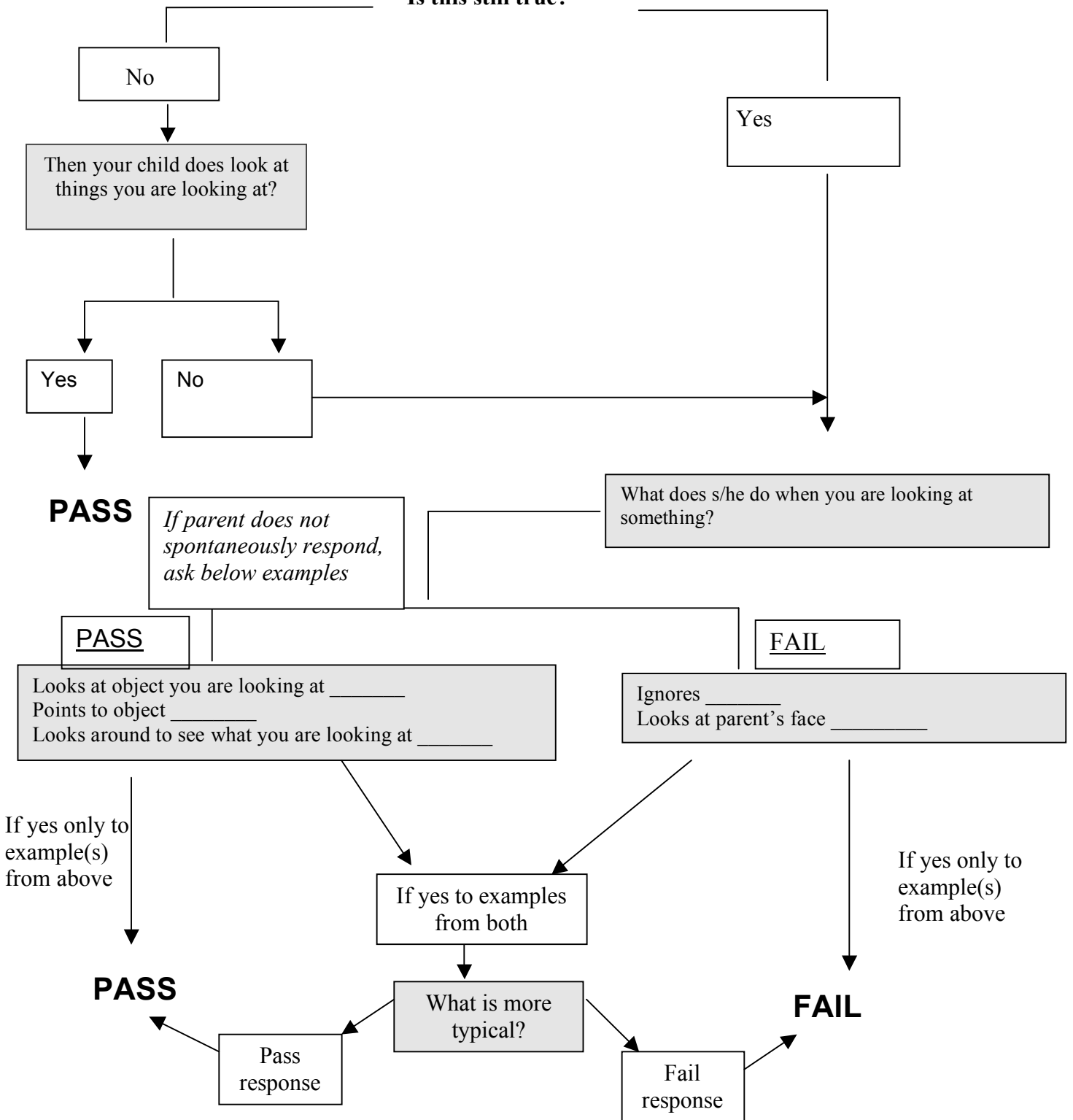


16. You reported that your child does not walk.



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?

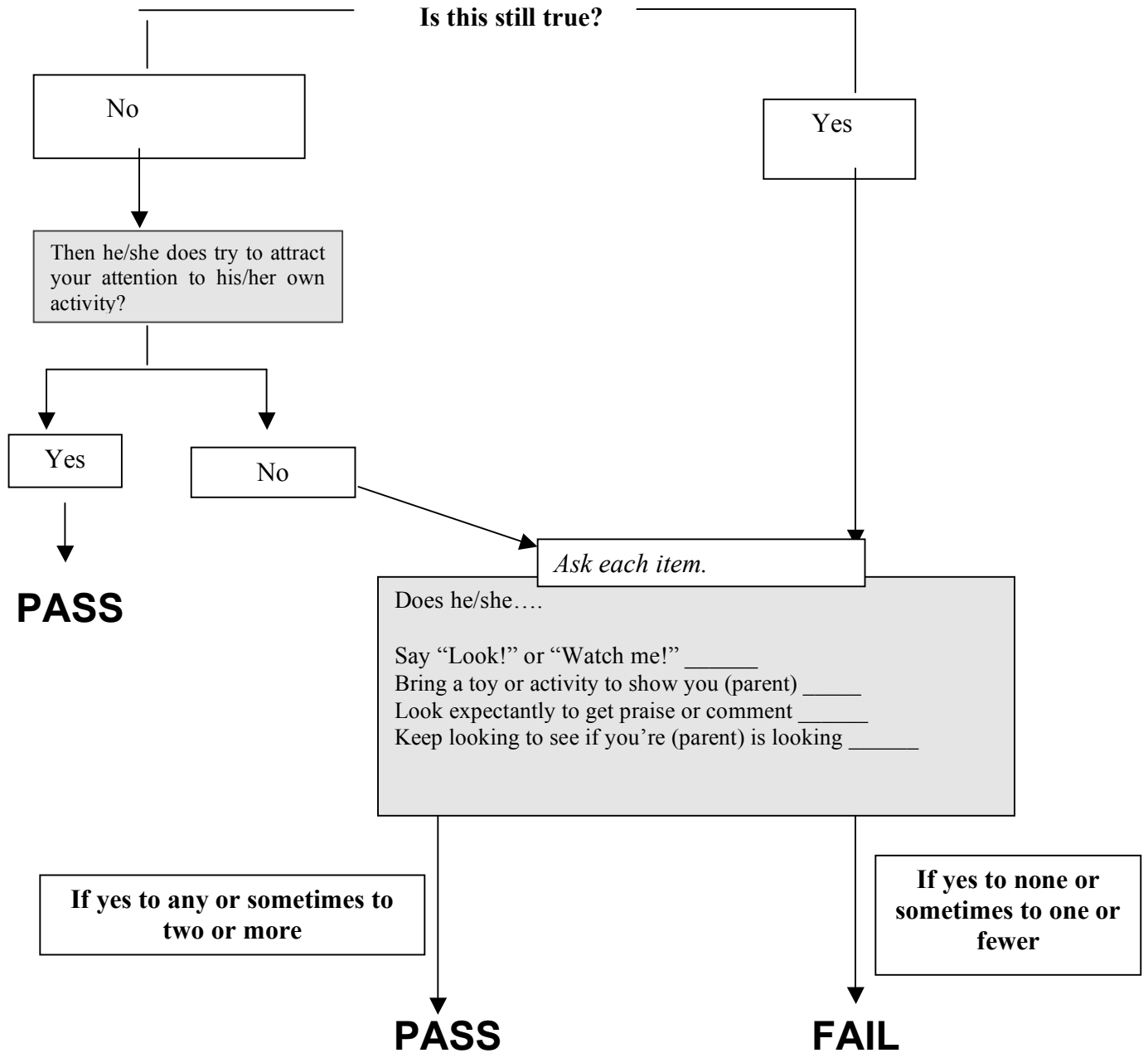
No

Yes

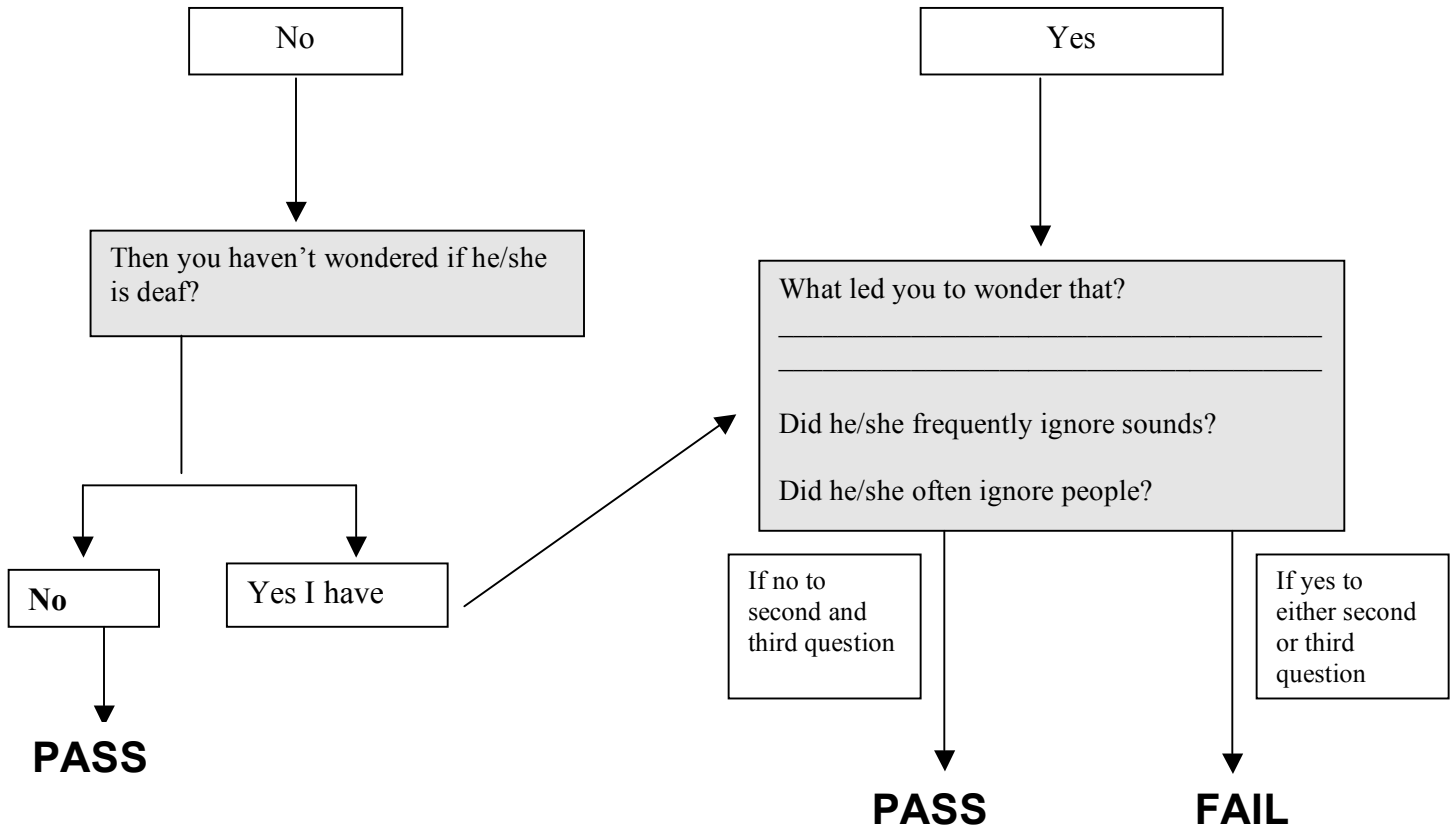
PASS

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?

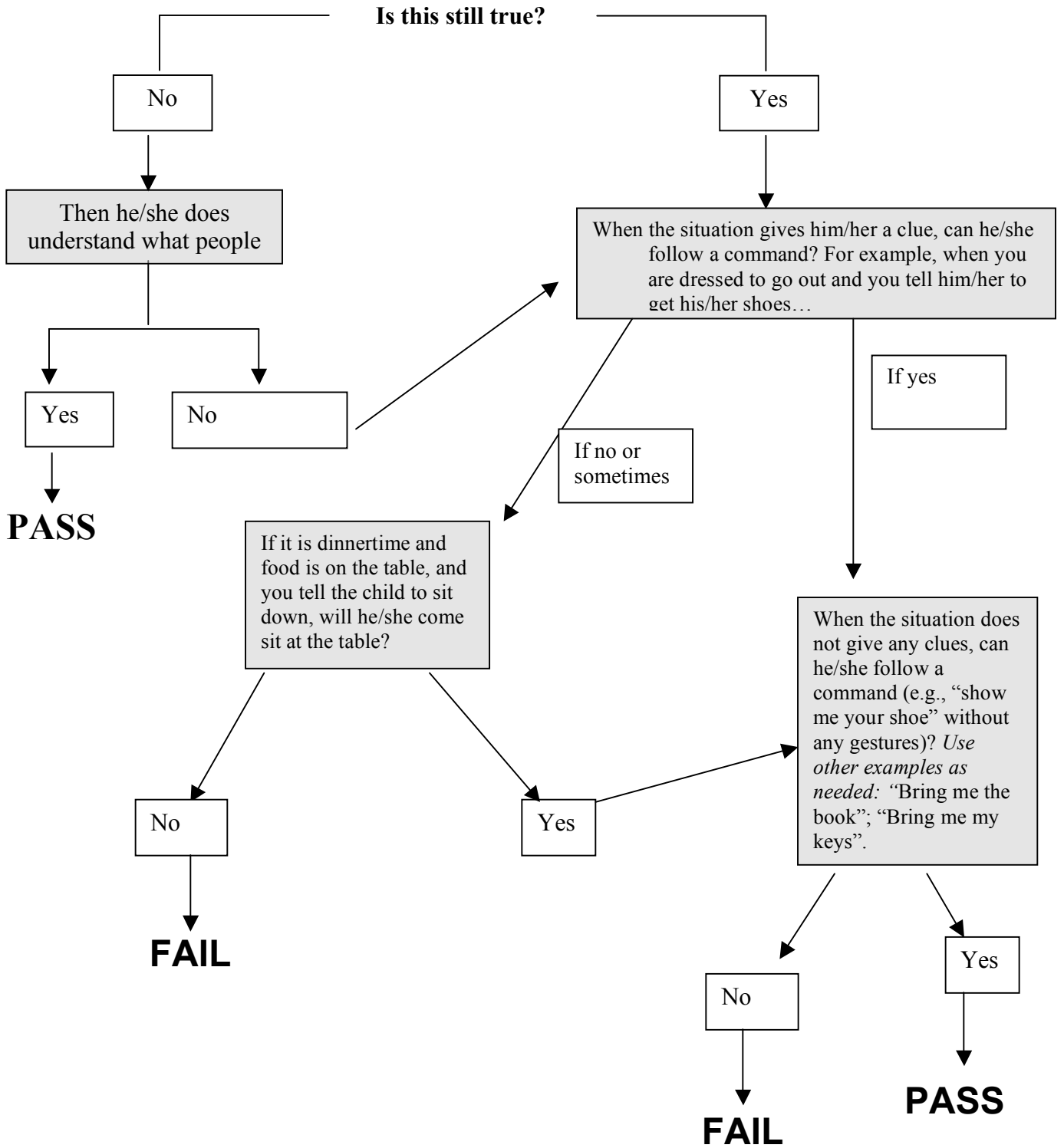
Note results _____ Hearing impaired _____ Hearing in normal range

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.

Is this still true?

No

Yes

Then your child does not stare at nothing or wander with no purpose?

Can you give me some examples of this behavior?

No
Yes

(If not stated above) Does your child often stare off into space?

PASS

No Yes

(If not stated above) Does he/she like to walk around the edges of the room instead of settling down with an activity?

Yes to either example

No to both examples

NOTE (Only if parent asks): these behaviors need to last for at least a couple of minutes.

Does he/she do this behavior (fill in behavior parent indicated) often- at least several times per week? _____
Does he/she walk in circles (not in play to make self dizzy) often- at least several times per week? _____

Yes to either

No to both

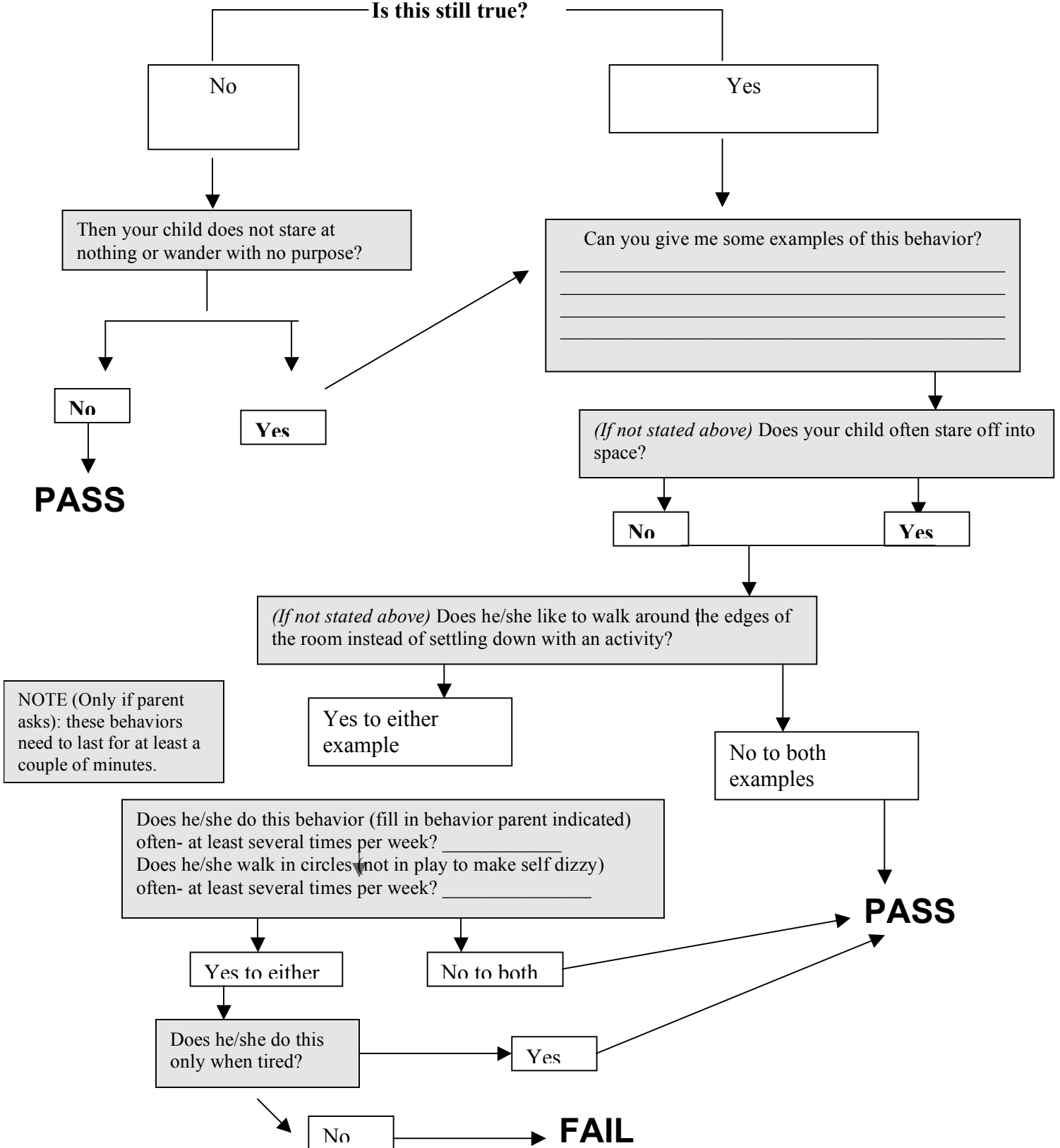
PASS

Does he/she do this only when tired?

Yes

No

FAIL



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

