



Instructions and Permissions for Use of the M-CHAT

The Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999) is available for free download for clinical, research, and educational purposes. There are two authorized websites; the M-CHAT and supplemental materials can be downloaded from www.firstsigns.org or from Dr. Robins' website, at <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm>

Users should be aware that the M-CHAT continues to be studied, and may be revised in the future. Any revisions will be posted to the two websites noted above.

Furthermore, the M-CHAT is a copyrighted instrument, and use of the M-CHAT must follow these guidelines:

- (1) Reprints/reproductions of the M-CHAT must include the copyright at the bottom (© 1999 Robins, Fein, & Barton). No modifications can be made to items or instructions without permission from the authors.
- (2) The M-CHAT must be used in its entirety. There is no evidence that using a subset of items will be valid.
- (3) Parties interested in reproducing the M-CHAT in print (e.g., a book or journal article) or electronically (e.g., as part of digital medical records or software packages) must contact Diana Robins to request permission (drobins@gsu.edu).

Instructions for Use

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT can be administered and scored as part of a well-child check-up, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT was to maximize sensitivity, meaning to detect as many cases of ASD as possible. Therefore, there is a high false positive rate, meaning that not all children who score at risk for ASD will be diagnosed with ASD. To address this, we have developed a structured follow-up interview for use in conjunction with the M-CHAT; it is available at the two websites listed above. Users should be aware that even with the follow-up questions, a significant number of the children who fail the M-CHAT will not be diagnosed with an ASD; however, these children are at risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who fails the screening.

The M-CHAT can be scored in less than two minutes. Scoring instructions can be downloaded from <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm> or www.firstsigns.org. We also have developed a scoring template, which is available on these websites; when printed on an overhead transparency and laid over the completed M-CHAT, it facilitates scoring. Please note that minor differences in printers may cause your scoring template not to line up exactly with the printed M-CHAT.

Children who fail more than 3 items total or 2 critical items (particularly if these scores remain elevated after the follow-up interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children. In addition, children for whom there are physician, parent, or other professional's concerns about ASD should be referred for evaluation, given that it is unlikely for any screening instrument to have 100% sensitivity.

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.

- | | | |
|--|-----|----|
| 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 upstairs? | 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) | 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 |

SCORING SHEET – CLINICIAN TO COMPLETE

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

Tick if parent gives answer indicated above.

Child fails screening test if two or more critical (in bold) items are ticked or if three or more items ticked in total.

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