# M-CHAT (Modified Checklist for Autism in Toddlers)

## 18, 24 and 30 months of age

**Name_____ Date_____MRN_____**

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

See Other Side ---------->

# FOR ALL PATIENTS

## Tuberculosis Screening

| **The following has been developed to identify those children who need tuberculosis (TB) skin testing. Please answer the following questions:** | **Yes** | **No** |
|---|---|---|
| **1.** Does your child have exposure to a person with confirmed or suspected TB? | | |
| **2.** Does your child have exposure to a person who would be considered at high risk of having TB, i.e HIV infected, homeless, residents living in a nursing home, institutionalized or incarcerated adolescents or adults, users of illicit drugs or migrant farm worker? | | |
| **3.** Has your child lived in a part of the world where TB is frequently diagnosed, i.e. Africa, Central or South America, Caribbean (not Puerto Rico), Asia, Middle East, or Eastern Europe? | | |
| **4.** Does your child have a parent who was born in a high risk country or have household contact with a person from a high risk country? | | |
| **5.** Does your child have a history of travel to a high risk country? | | |

# FOR CHILDREN UNDER 6 YEARS ONLY

## Lead Screening

| **In an effort to decrease the number of times blood tests for Lead poisoning have to be done on your child, the following screening questions have been developed to identify those children at high risk.** | **Yes** | **No** |
|---|---|---|
| **1.** Does your child live in housing constructed prior to 1978, containing paint in poor condition, i.e., peeling, chipping, or flaking paint or broken or crumbling plaster? | | |
| **2.** Does your child live near lead or processing plants or other point sources of lead contamination, or have parents or other household members who work in a lead-related occupation or have a lead-related hobby? | | |
| **3.** Does your child have siblings, housemates, or playmates that have lead poisoning? | | |
| **4.** Does your child live in housing constructed prior to 1978 which is undergoing renovation that is likely to disrupt painted surfaces? | | |