

M-CHAT-R Follow-Up (M-CHAT-R/F)TM

Permissions for Use

The Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is designed to accompany the M-CHAT-R. The M-CHAT-R/F may be downloaded from www.mchatscreen.com.

The M-CHAT-R/F is a copyrighted instrument, and use of this instrument is limited by the authors and copyright holders. The M-CHAT-R and M-CHAT-R/F may be used for clinical, research, and educational purposes. Although we are making the tool available free of charge for these uses, this is copyrighted material and it is not open source. Anyone interested in using the M-CHAT-R/F in any commercial or electronic products must contact Diana L. Robins at DianaLRobins@gmail.com to request permission.

Instructions for Use

The M-CHAT-R/F is designed to be used with the M-CHAT-R; the M-CHAT-R is valid for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorder (ASD). Users should be aware that even with the Follow-Up, a significant number of the children who fail the M-CHAT-R will not be diagnosed with ASD; however, these children are at risk for other developmental disorders or delays, and therefore, follow-up is warranted for any child who screens positive.

Once a parent has completed the M-CHAT-R, score the instrument according to the instructions. If the child screens positive, select the Follow-Up items based on which items the child failed on the M-CHAT-R; only those items that were originally failed need to be administered for a complete interview.

Each page of the interview corresponds to one item from the M-CHAT-R. Follow the flowchart format, asking questions until a PASS or FAIL is scored. Please note that parents may report "maybe" in response to questions during the interview. When a parent reports "maybe," ask whether most often the answer is "yes" or "no" and continue the interview according to that response. In places where there is room to report an "other" response, the interviewer must use his/her judgment to determine whether it is a passing response or not.

Score the responses to each item on the M-CHAT-R/F Scoring Sheet (which contains the same items as the M-CHAT-R, but Yes/No has been replaced by Pass/Fail). The interview is considered to be a screen positive if the child fails any two items on the Follow-Up. If a child screens positive on the M-CHAT-R/F, it is strongly recommended that the child is referred for early intervention and diagnostic testing as soon as possible. Please note that if the healthcare provider or parent has concerns about ASDs, children should be referred for evaluation regardless of the score on the M-CHAT-R or M-CHAT-R/F.

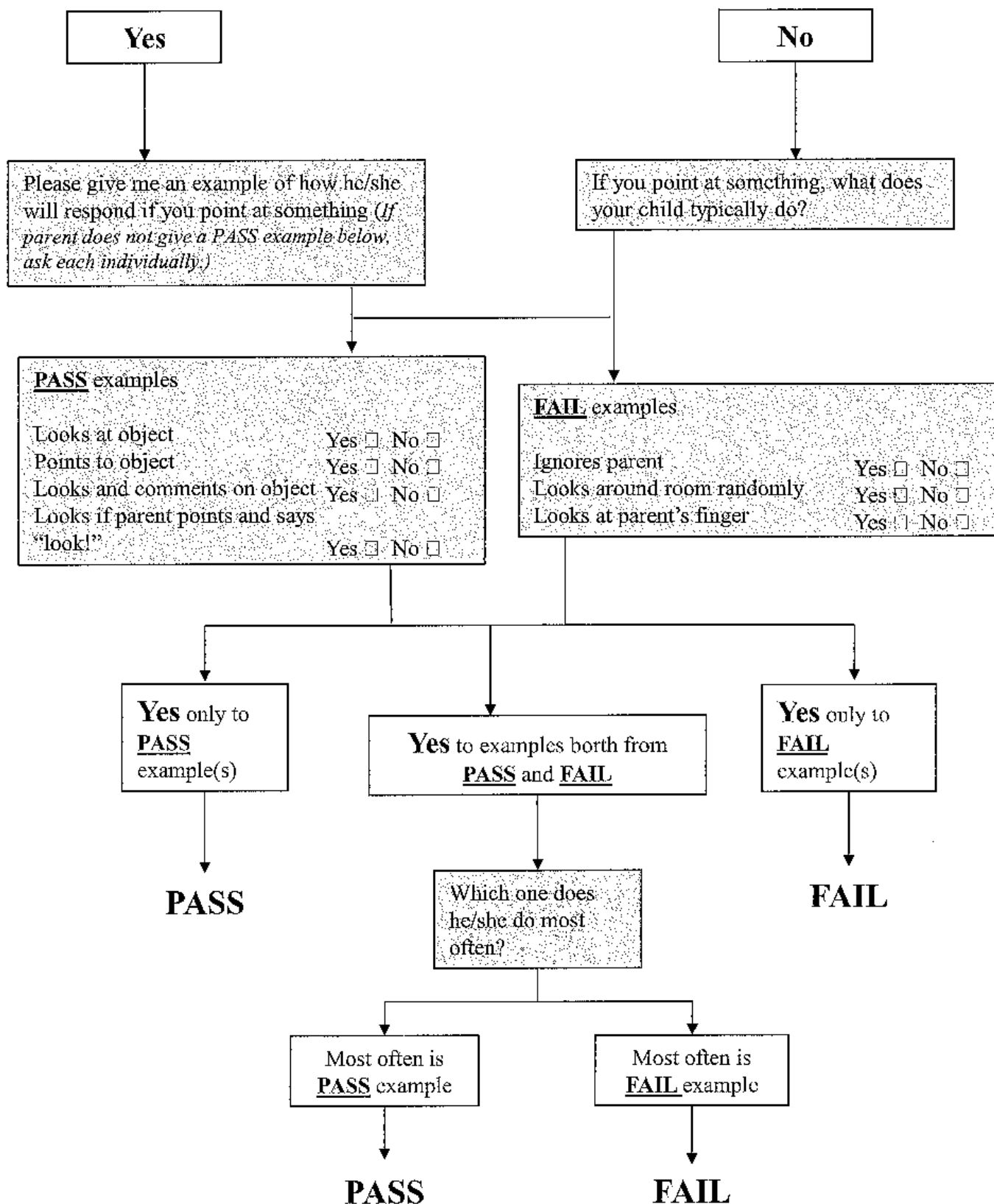
M-CHAT-R Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail

- | | | |
|---|------|------|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) | Pass | Fail |
| 2. Have you ever wondered if your child might be deaf? | Pass | Fail |
| 3. Does your child play pretend or make-believe?
(FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal) | Pass | Fail |
| 4. Does your child like climbing on things?
(FOR EXAMPLE, furniture, playground equipment, or stairs) | Pass | Fail |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | Pass | Fail |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) | Pass | Fail |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | Pass | Fail |
| 8. Is your child interested in other children?
(FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) | Pass | Fail |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share?
(FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) | Pass | Fail |
| 10. Does your child respond when you call his or her name?
(FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Pass | Fail |
| 11. When you smile at your child, does he or she smile back at you? | Pass | Fail |
| 12. Does your child get upset by everyday noises?
(FOR EXAMPLE, a vacuum cleaner or loud music) | Pass | Fail |
| 13. Does your child walk? | Pass | Fail |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Pass | Fail |
| 15. Does your child try to copy what you do?
(FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) | Pass | Fail |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Pass | Fail |
| 17. Does your child try to get you to watch him or her?
(FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me") | Pass | Fail |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket") | Pass | Fail |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Pass | Fail |
| 20. Does your child like movement activities?
(FOR EXAMPLE, being swung or bounced on your knee) | Pass | Fail |

Total Score: _____

1. If you point at something across the room, does _____ look at it?



2. You reported that you have wondered if you child is deaf. What led you to wonder that?

Does he/she...	
often ignore sounds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
often ignore people?	Yes <input type="checkbox"/> No <input type="checkbox"/>

No to both

Yes to either

PASS

FAIL

Has your child's hearing been tested?	
Yes	No

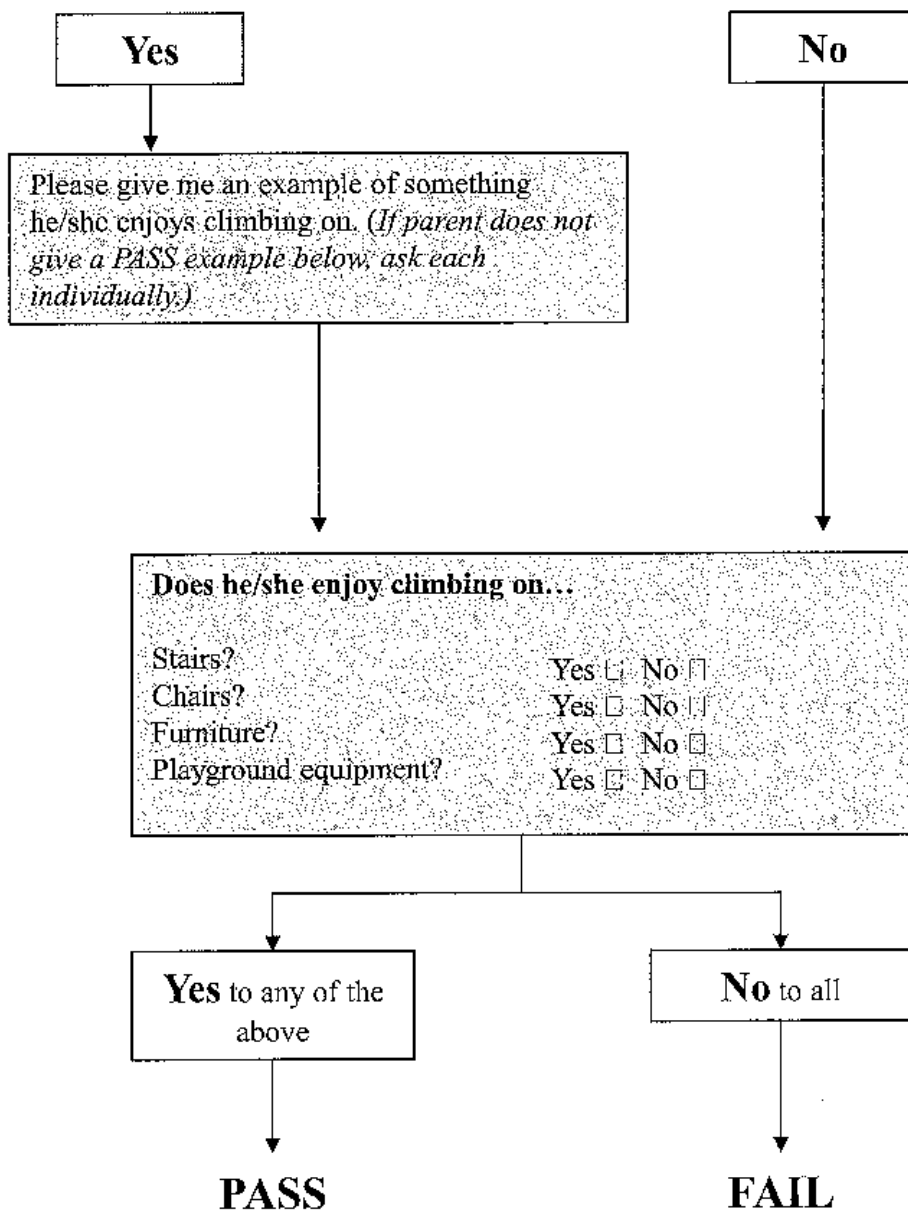
ALSO ASK FOR ALL CHILDREN:

What were the results of the hearing test? (<i>choose one</i>).	
<input type="checkbox"/> Hearing in normal range	<input type="checkbox"/>
<input type="checkbox"/> Hearing below normal	<input type="checkbox"/>
<input type="checkbox"/> Results inconclusive or not definitive	<input type="checkbox"/>

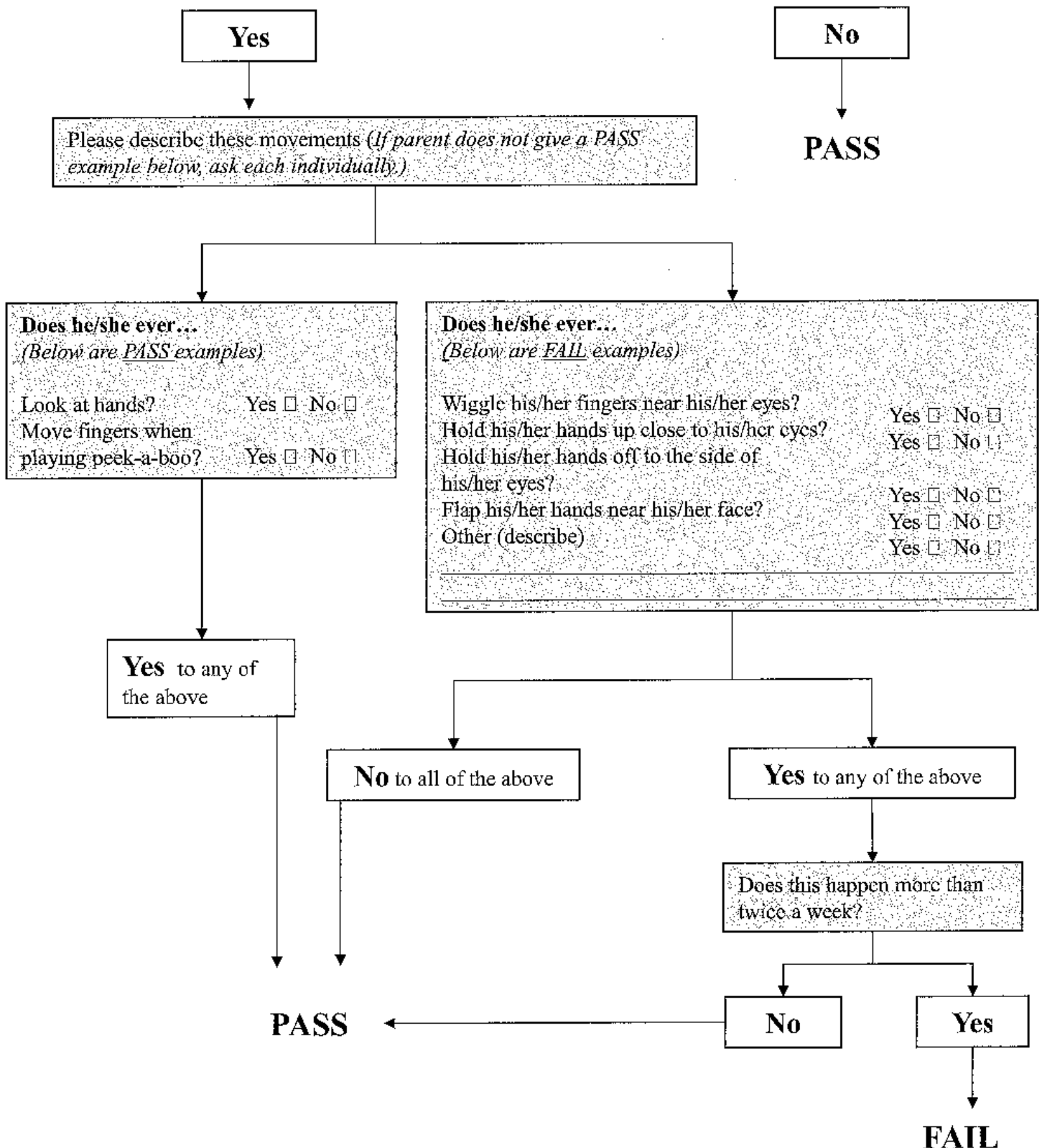
3. Does _____ play pretend or make-believe

Yes	No
Please give me an example of his/her pretend play. <i>(If parent does not give a PASS example below, ask each individually.)</i>	
Does he/she ever...	
Present to drink from a toy cup?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to eat from a toy spoon or fork?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to talk on the telephone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to feed a doll or stuffed animal with real or imaginary food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Push a car as if it is going along a pretend road?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to be a robot, an airplane, a ballerina, or any other favorite character?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Put a toy pot on a pretend stove?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stir imaginary food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Put an action figure or doll into a car or truck as if it is the driver or passenger?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to vacuum the rug, sweep the floor, or the mow lawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (describe) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
↓	
Yes to any	No to all
↓	↓
PASS	FAIL

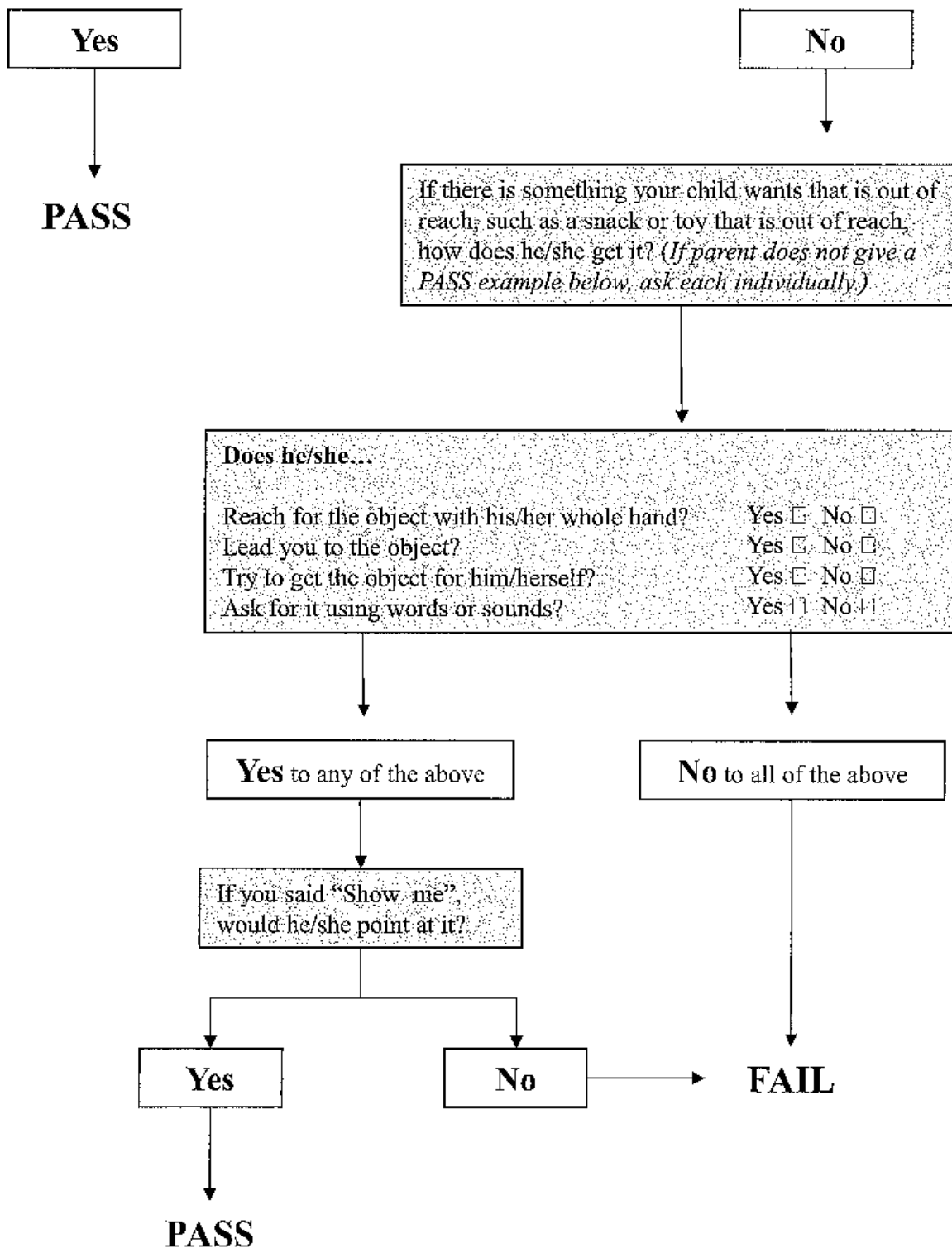
4. Does _____ like climbing on things?



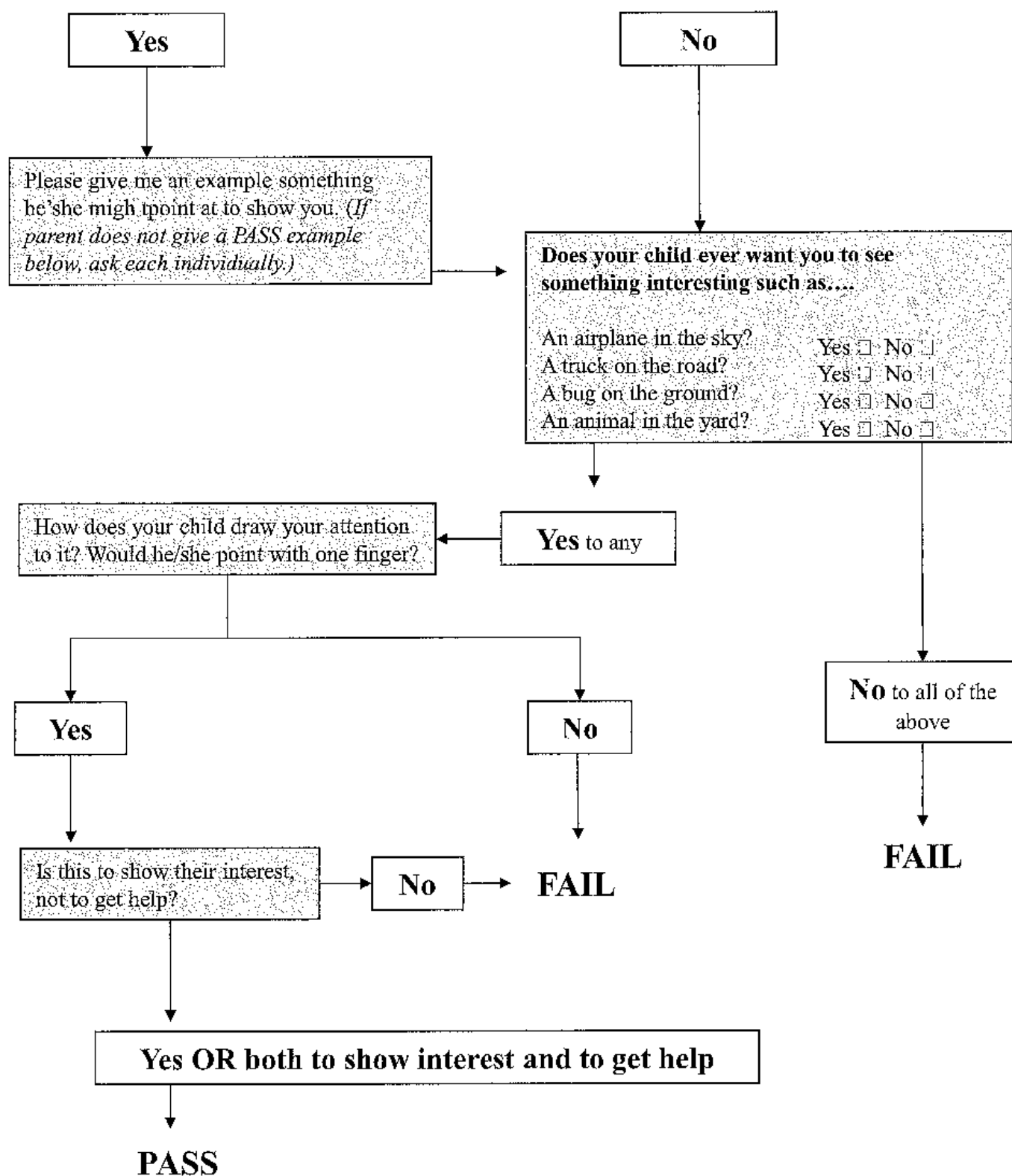
5. Does _____ make unusual finger movements near his/her eyes?



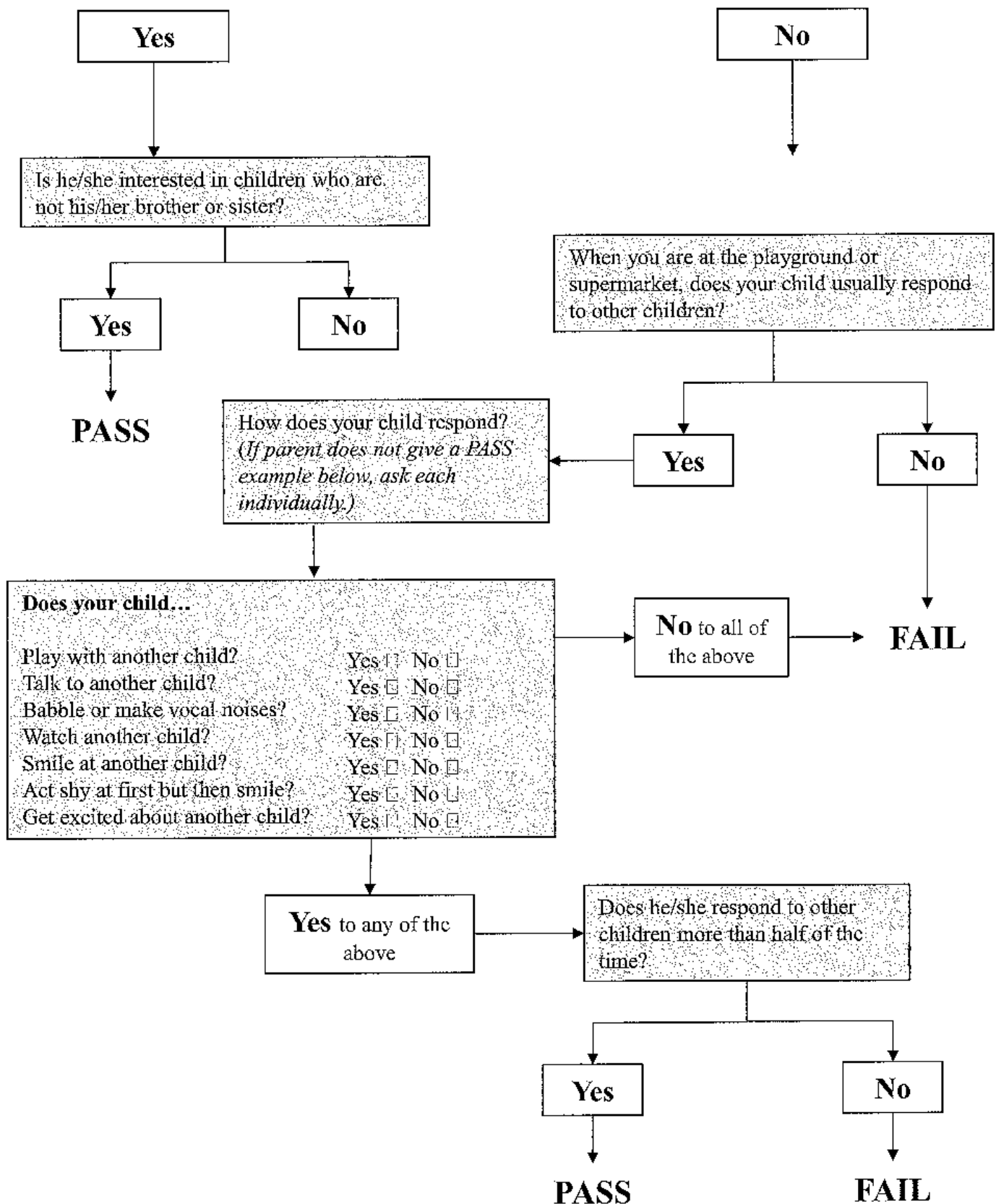
6. Does your child point with one finger to ask for something or to get help?



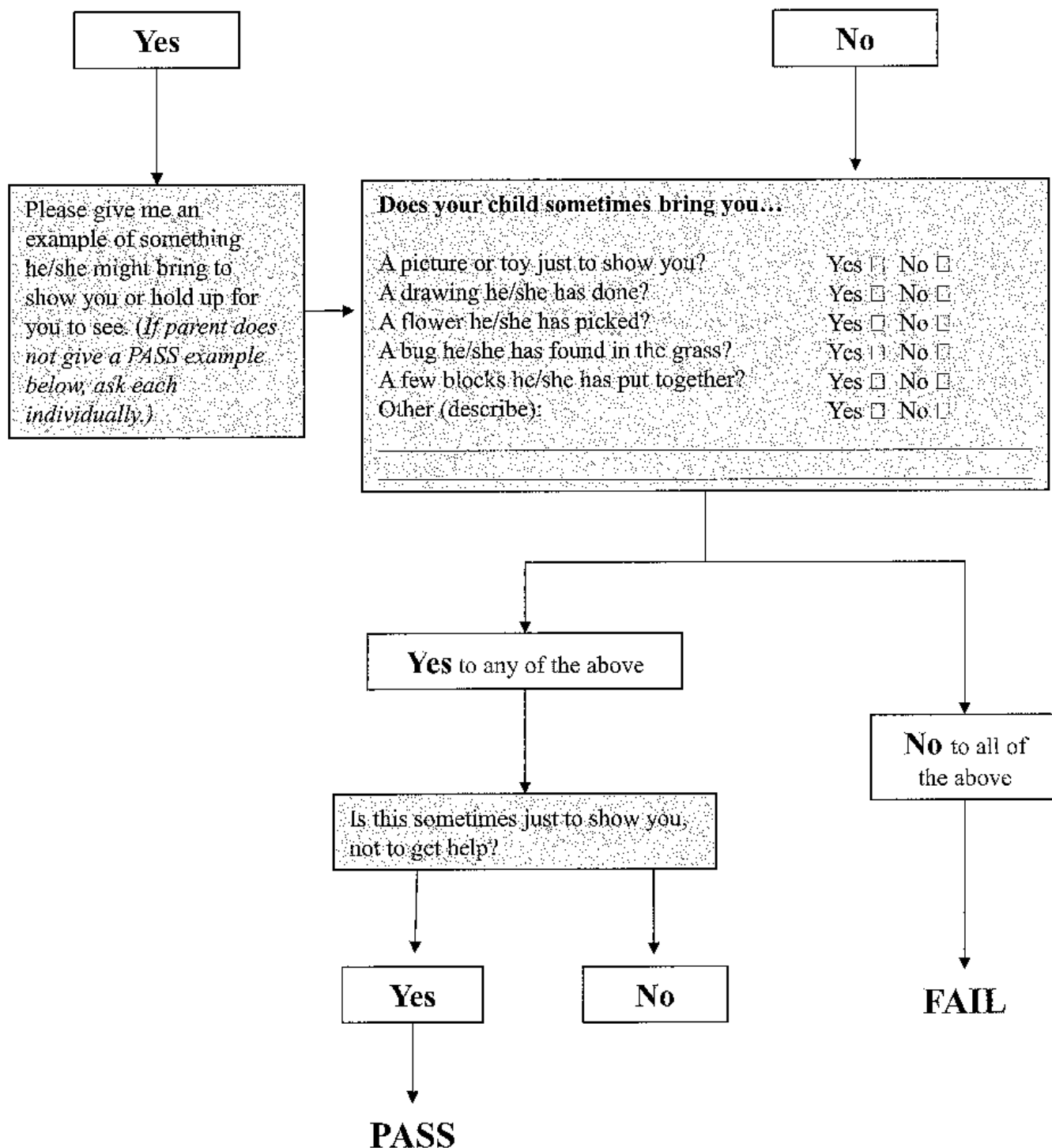
7. * If the interviewer just asked #6, begin here: We just talked about pointing to *ask* for something, ASK ALL → Does your child point with one finger just to show you something interesting?



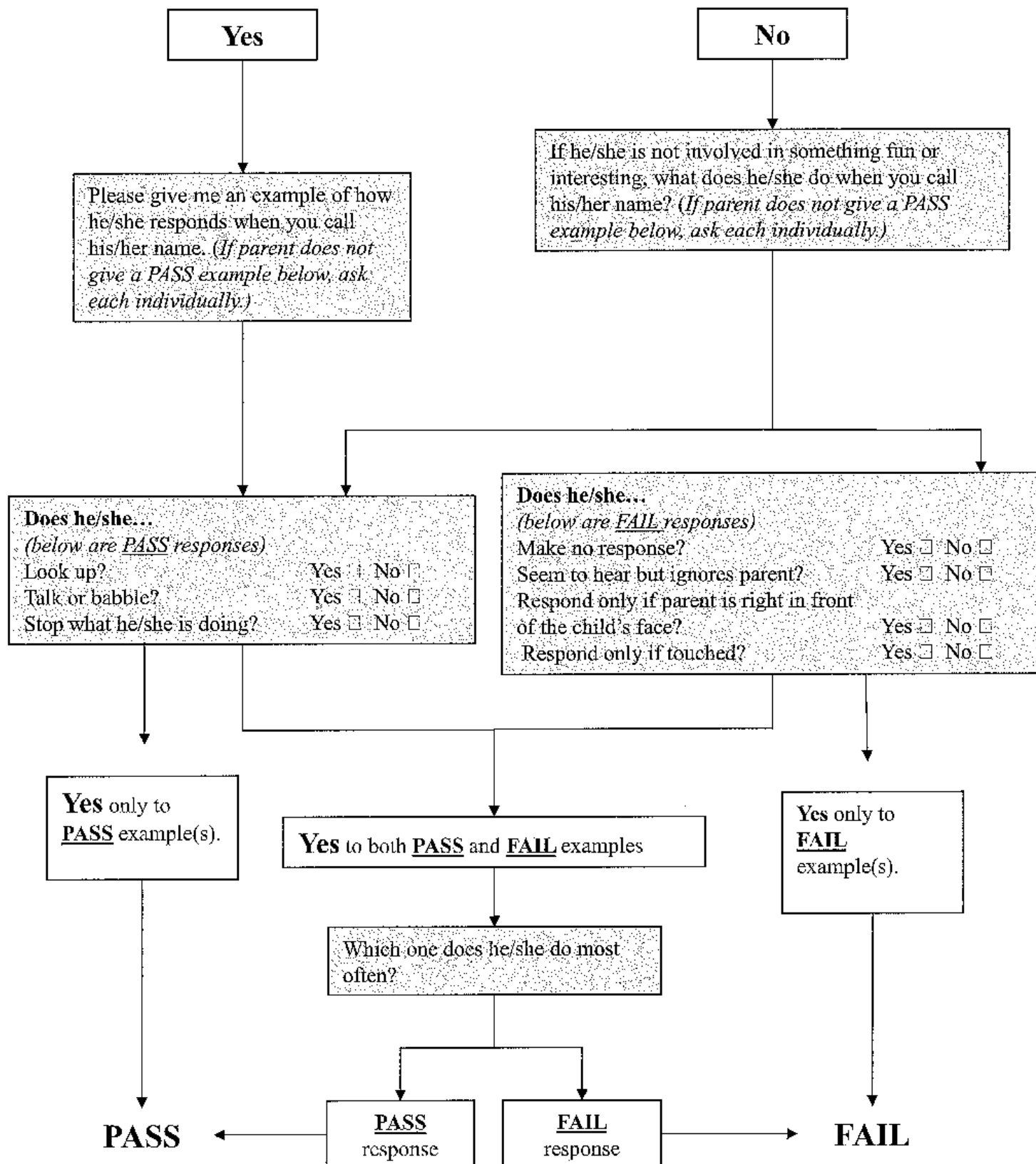
8. Is _____ interested in other children?



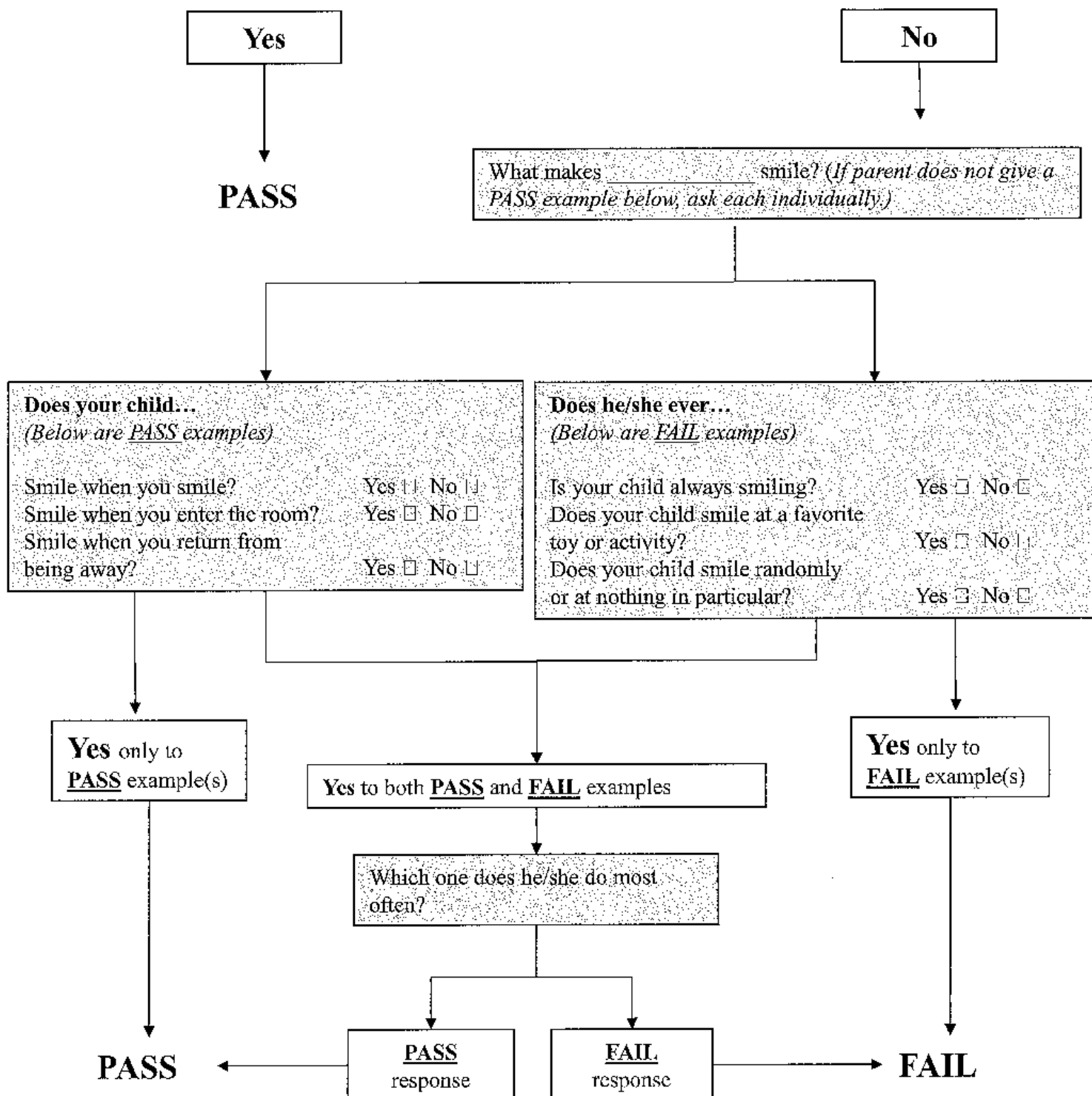
9. Does _____ show you things by bringing them to you or holding them up for you to see? Not just to get help, but to share?



10. Does _____ respond when you call his/her name?



11. When you smile at _____, does he/she smile back at you?



12. Does _____ get upset by everyday noises?

Yes

No

PASS

Does your child have a negative reaction to the sound of...

A washing machine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Babies crying?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vacuum cleaner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hairdryer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traffic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Babies squealing or screeching?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Loud music?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone/ doorbell ringing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Noisy places such as a supermarket or restaurant?	<input type="checkbox"/>
Other (describe):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes to two or
more

How does your child react those
noises? (If parent does not give a
PASS example below, ask each
individually.)

Does your child...
(Below are PASS responses)

Calmly cover his/her ears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell you that he/she does not like the noise?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does your child...
(Below are FAIL responses)

Scream?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cover his/her ears while upset?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes only to PASS
example(s)

Yes to both PASS and FAIL

Yes only to FAIL
example(s)

Which one does he/she do most
often?

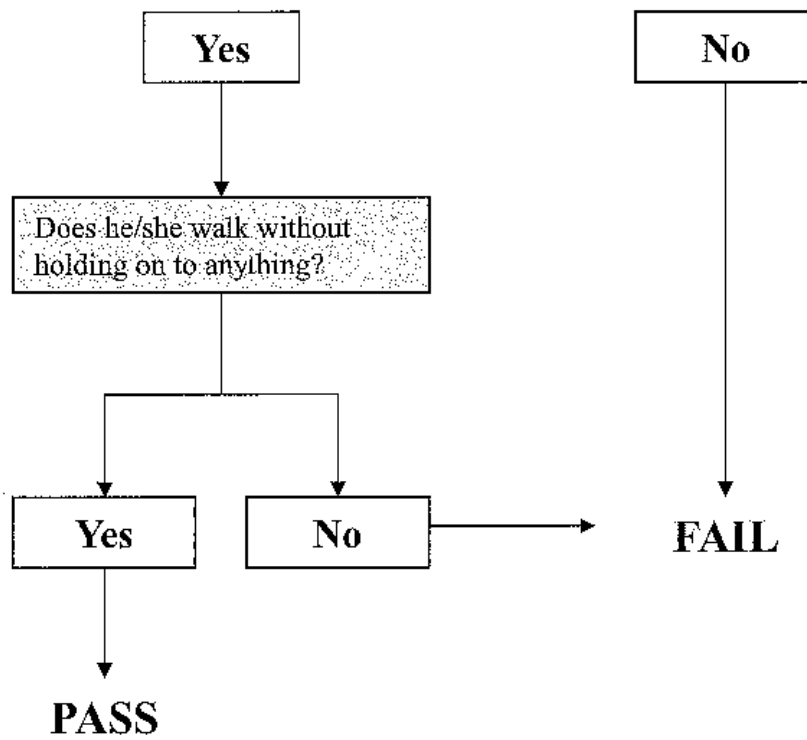
PASS

PASS
response

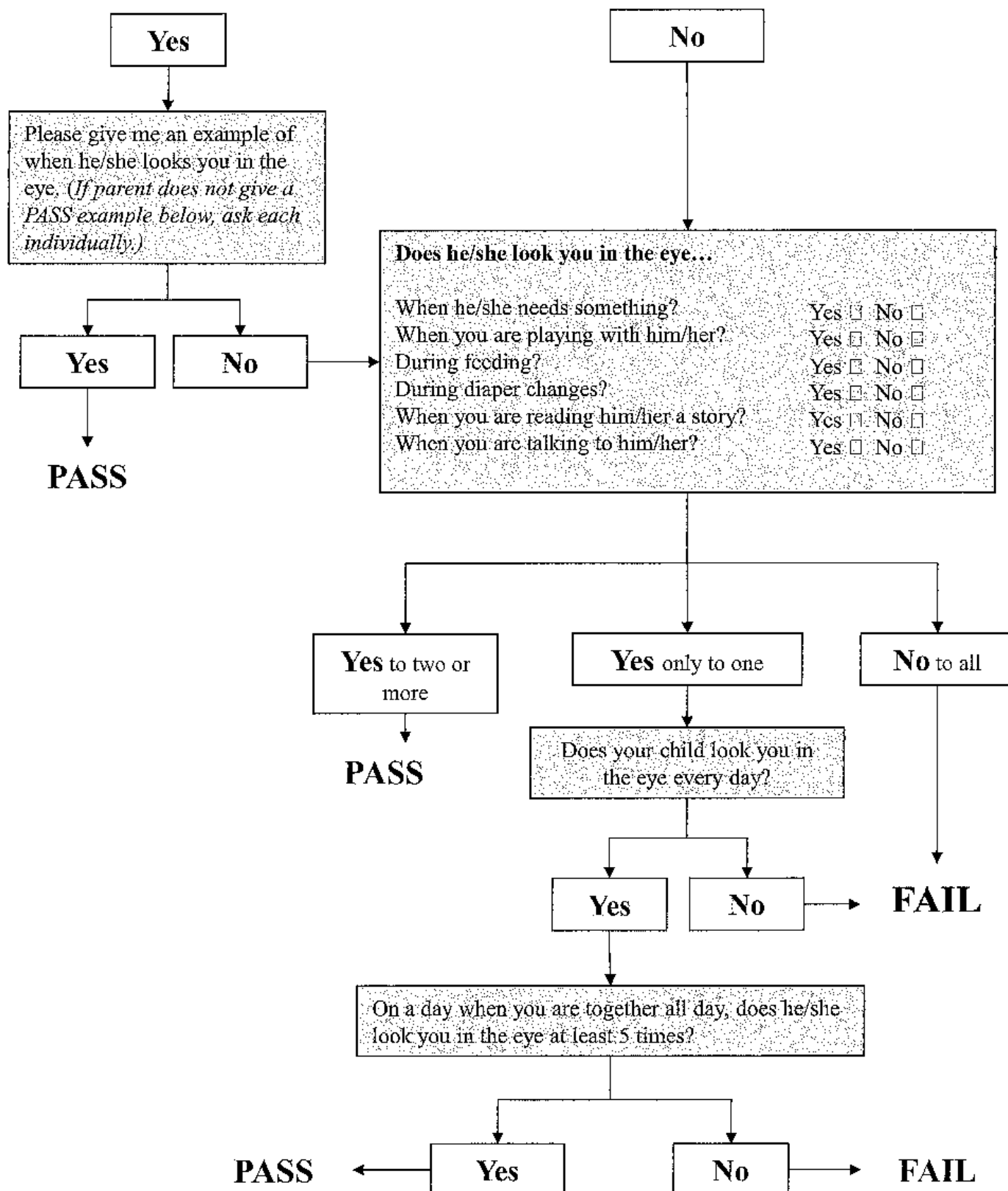
FAIL
response

FAIL

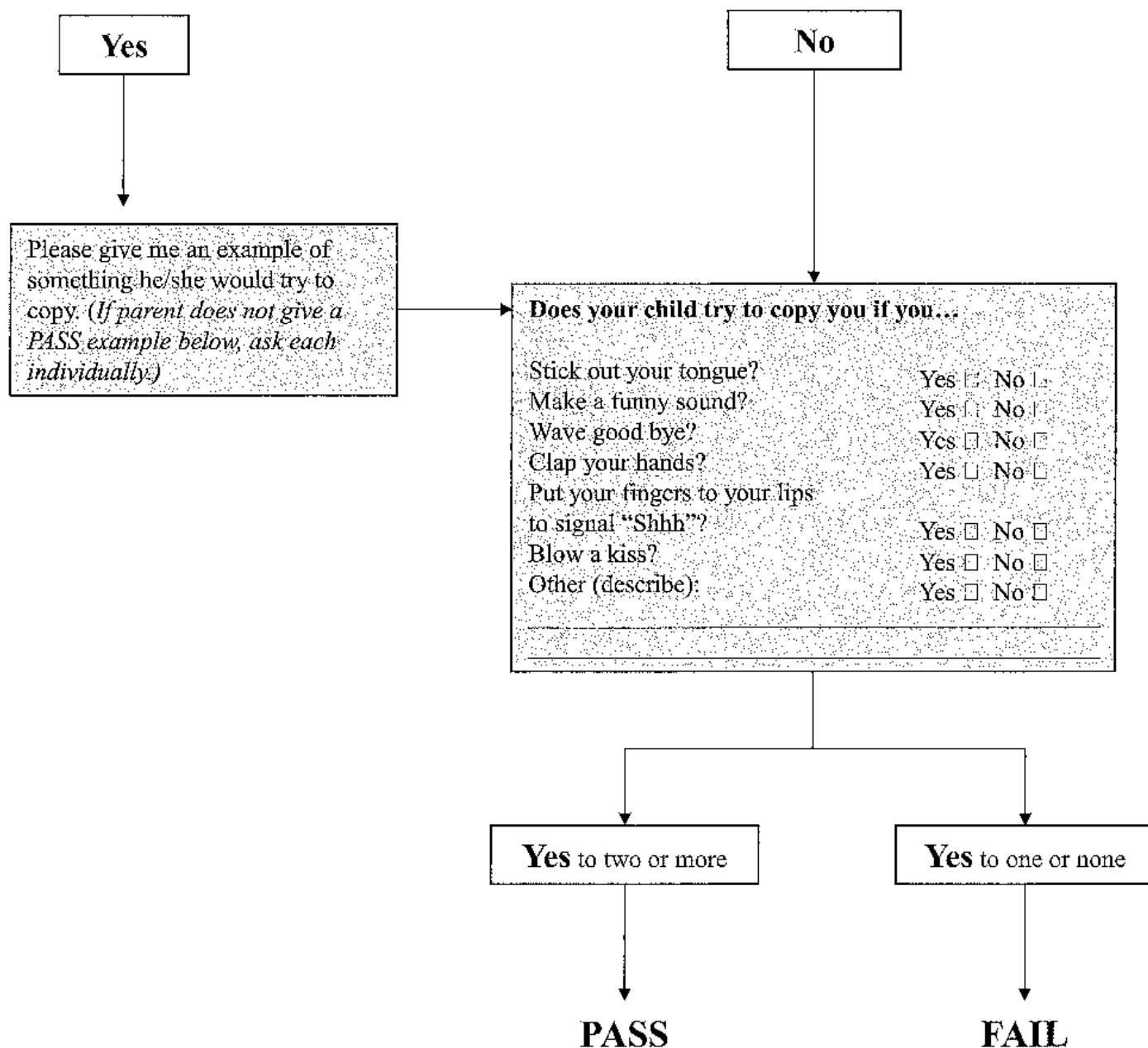
13. Does _____ walk?



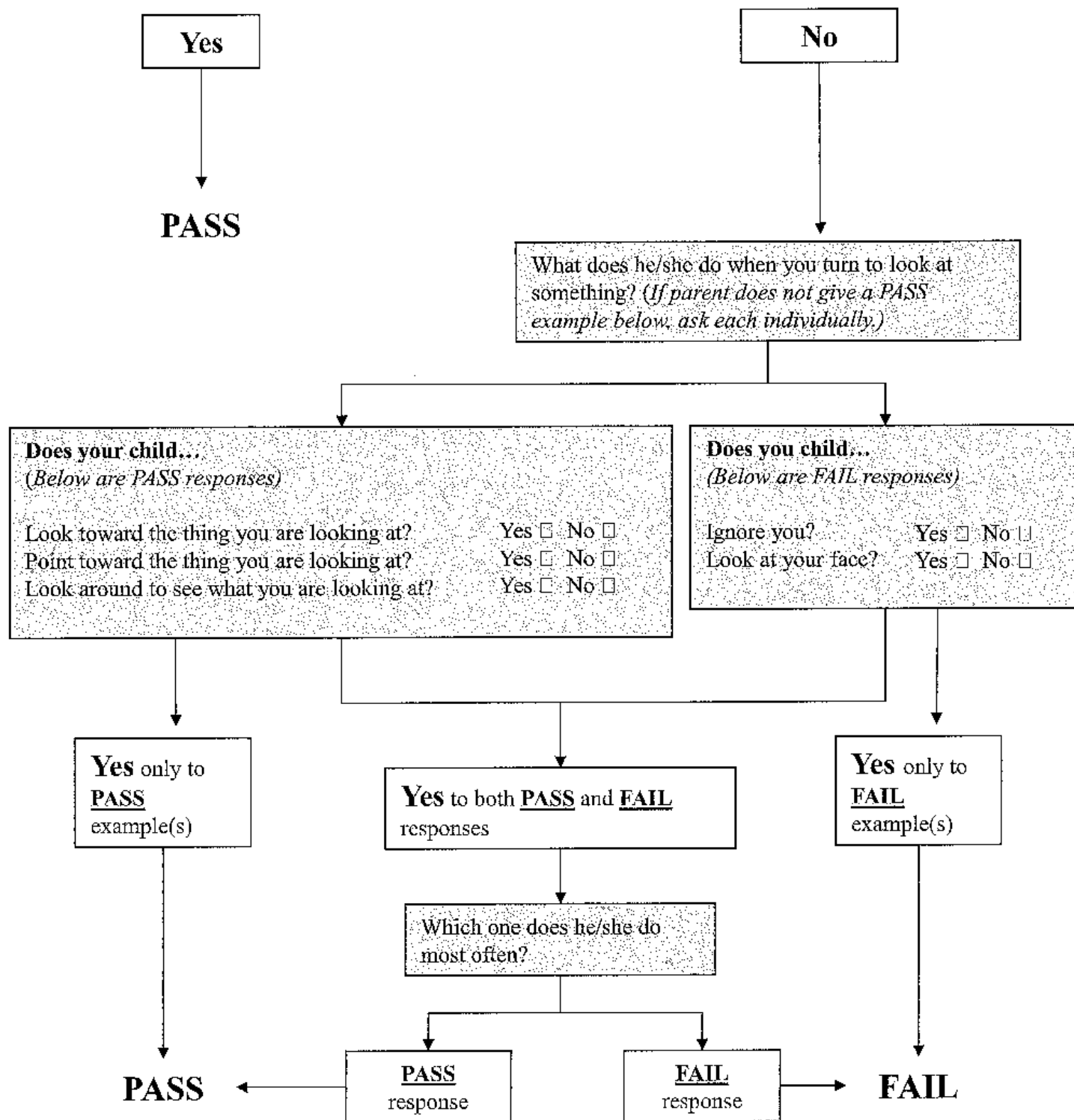
14. Does _____ look you in the eye when you are talking to him/her, playing with him/her, or changing him/her?



15. Does _____ try to copy what you do?



16. If you turn your head to look at something, does _____ look around to see what you are looking at?



17. Does _____ try to get you to watch him/her?

Yes

Please give me an example of how he/she would try to get you to watch him/her. *(If parent does not give a PASS example below, ask each individually.)*

No

Does he/she...

Say "Look!" or "Watch me!"?

Yes ☐ No ☐

Babble or make a noise to get you to watch what he/ she is doing?

Yes ☐ No ☐

Look at you to get praise or comment?

Yes ☐ No ☐

Keep looking to see if you are looking?

Yes ☐ No ☐

Other (describe):

Yes ☐ No ☐

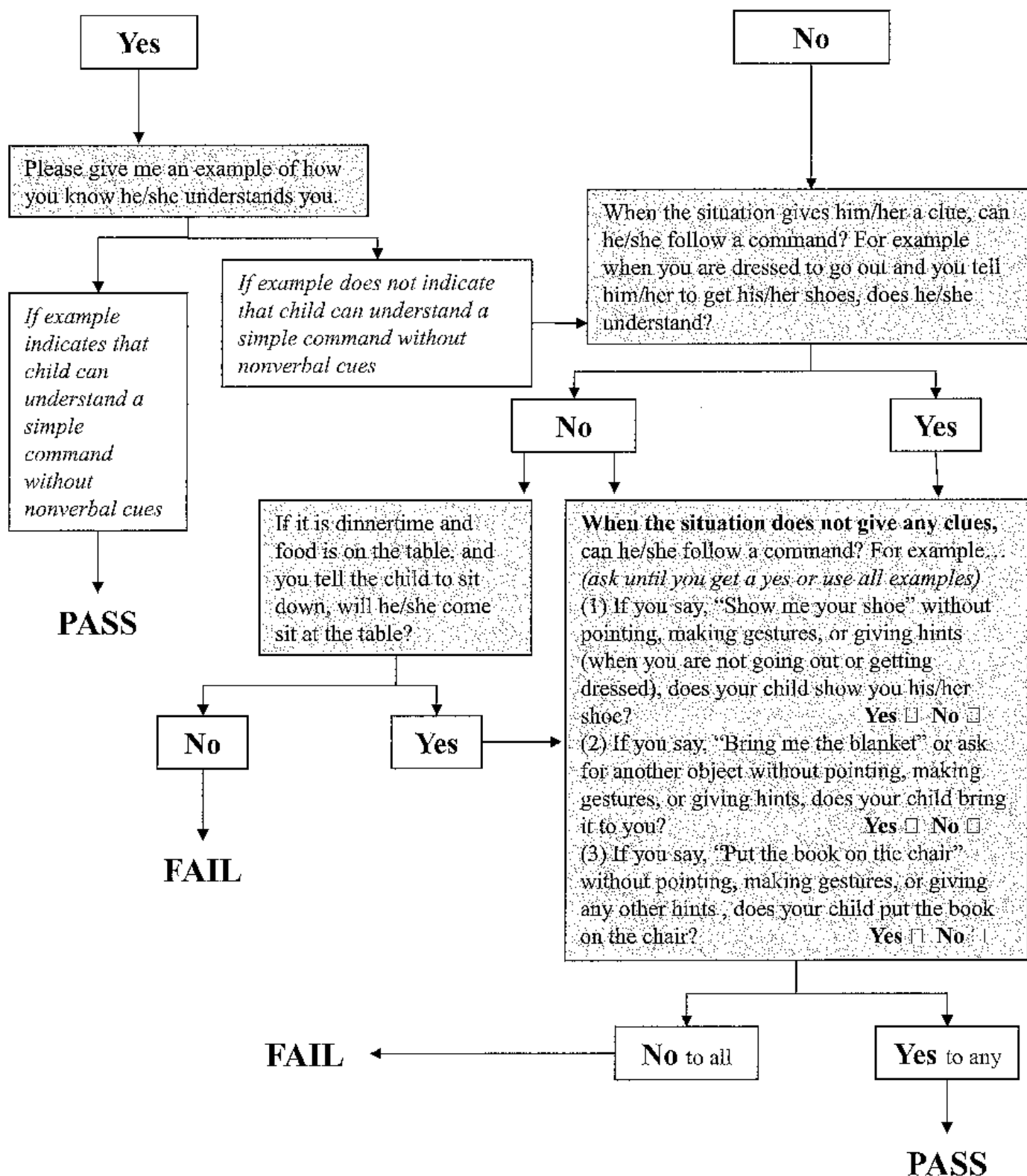
Yes to any

PASS

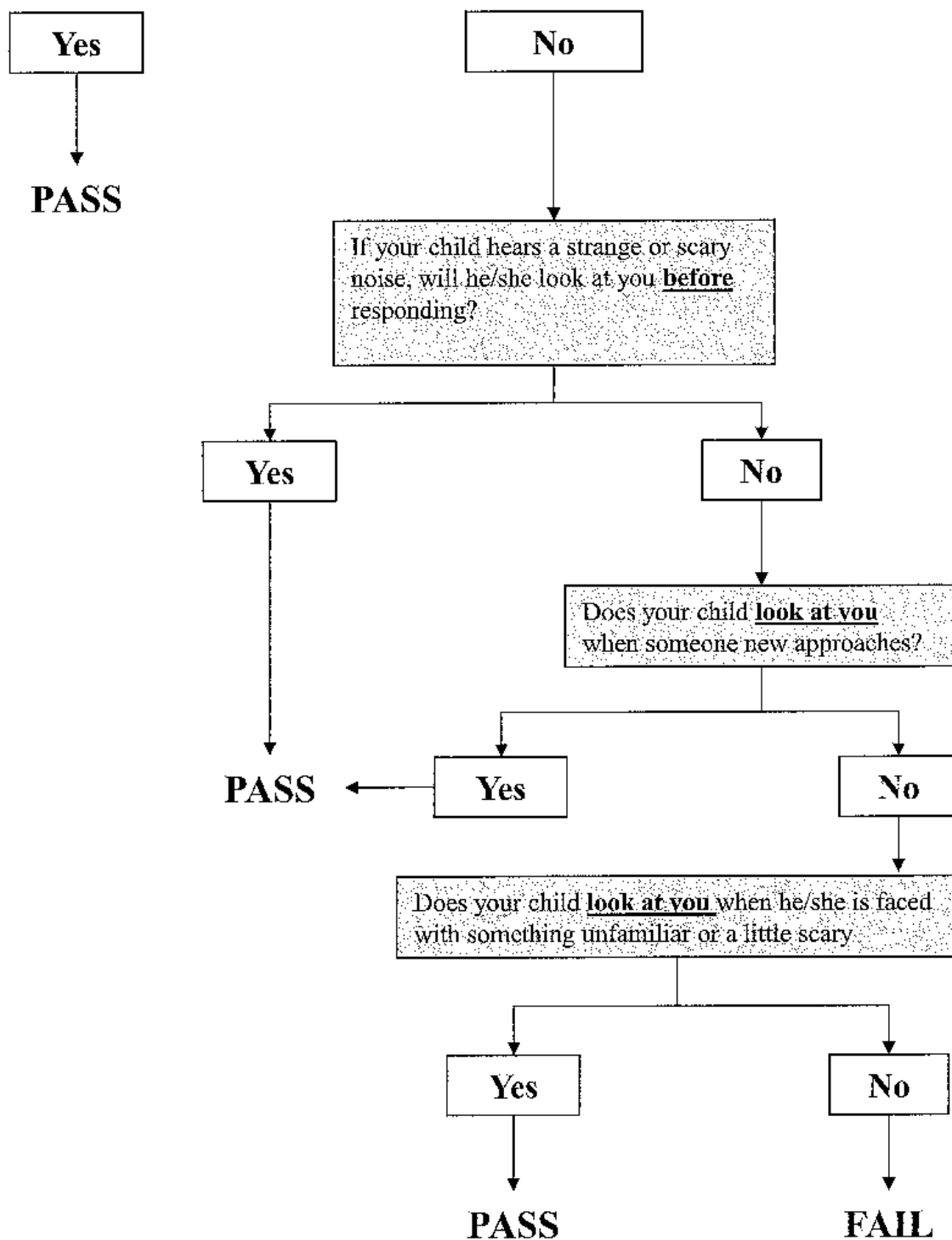
Yes to none

FAIL

18. Does _____ understand when you tell him/her to do something?



19. If something new happens, does _____ look at your face to see how you feel about it?



20. Does _____ like movement activities?

