HUNTINGTON PLAZA PEDIATRIC GROUP

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 swing, 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 dolls, 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 bricks) 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 look at things you are looking at?	Yes	No
17	Does your child walk?	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