

# M-CHAT-R Follow-Up (M-CHAT-R/F)<sup>TM</sup>

## 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](http://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](mailto: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responses to each item on the M-CHAT-R/F Scoring Sheet (which contains the same items as the M-CHAT-R, but Yes/No has been replaced by Pass/Fail).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.

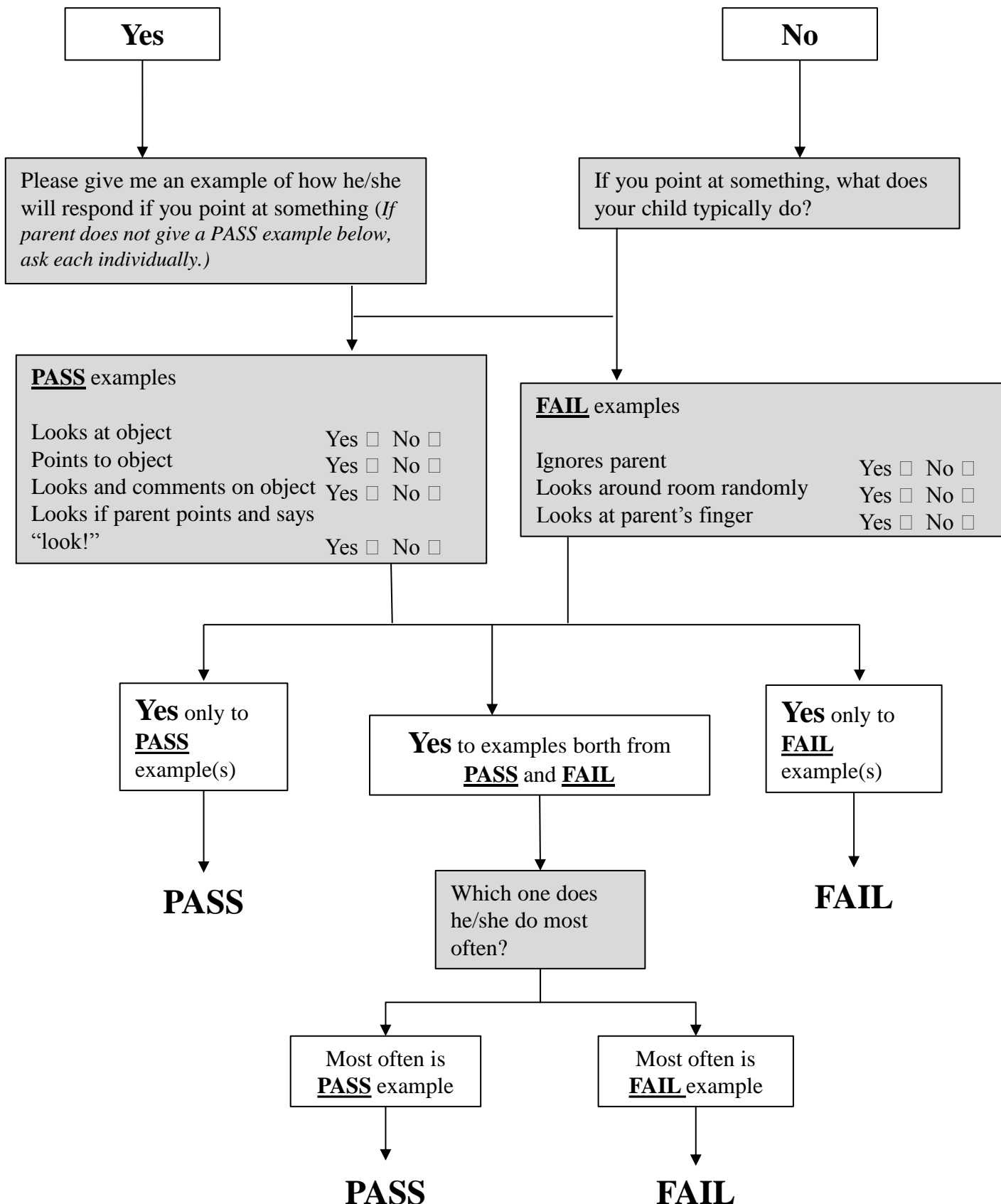
## M-CHAT-R Follow-Up™ Scoring Sheet

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

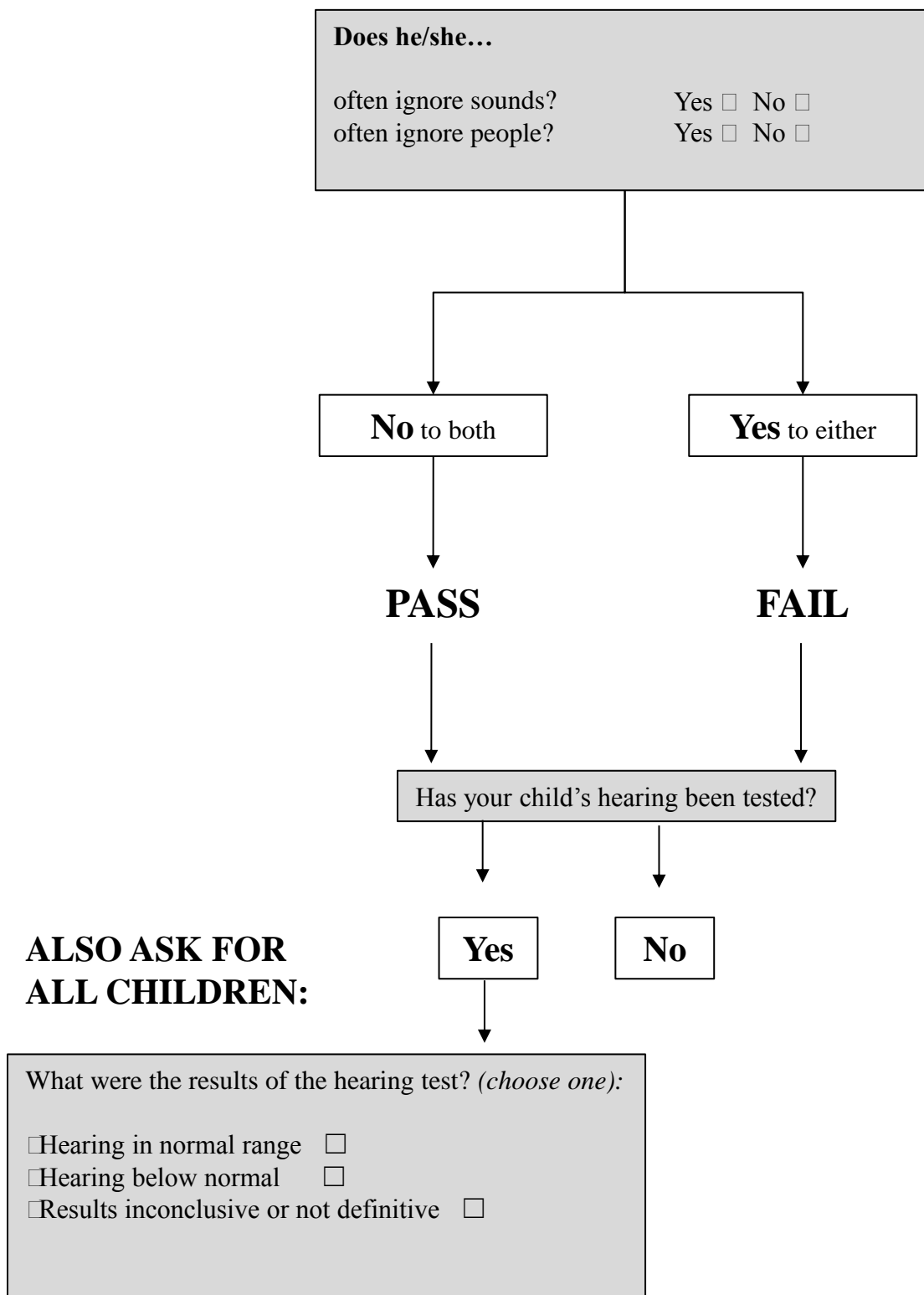
- |  |      |      |
|--|------|------|
| 1. If you point at something across the room, does your child look at it?<br>( <b>FOR EXAMPLE</b> , if you point at a toy or an animal, does your child look at the toy or animal?)  | Pass | Fail |
| 2. Have you ever wondered if your child might be deaf?   | Pass | Fail |
| 3. Does your child play pretend or make-believe?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , furniture, playground equipment, or stairs)  | Pass | Fail |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , pointing to an airplane in the sky or a big truck in the road)   | Pass | Fail |
| 8. Is your child interested in other children?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , being swung or bounced on your knee)   | Pass | Fail |

Total Score: \_\_\_\_\_

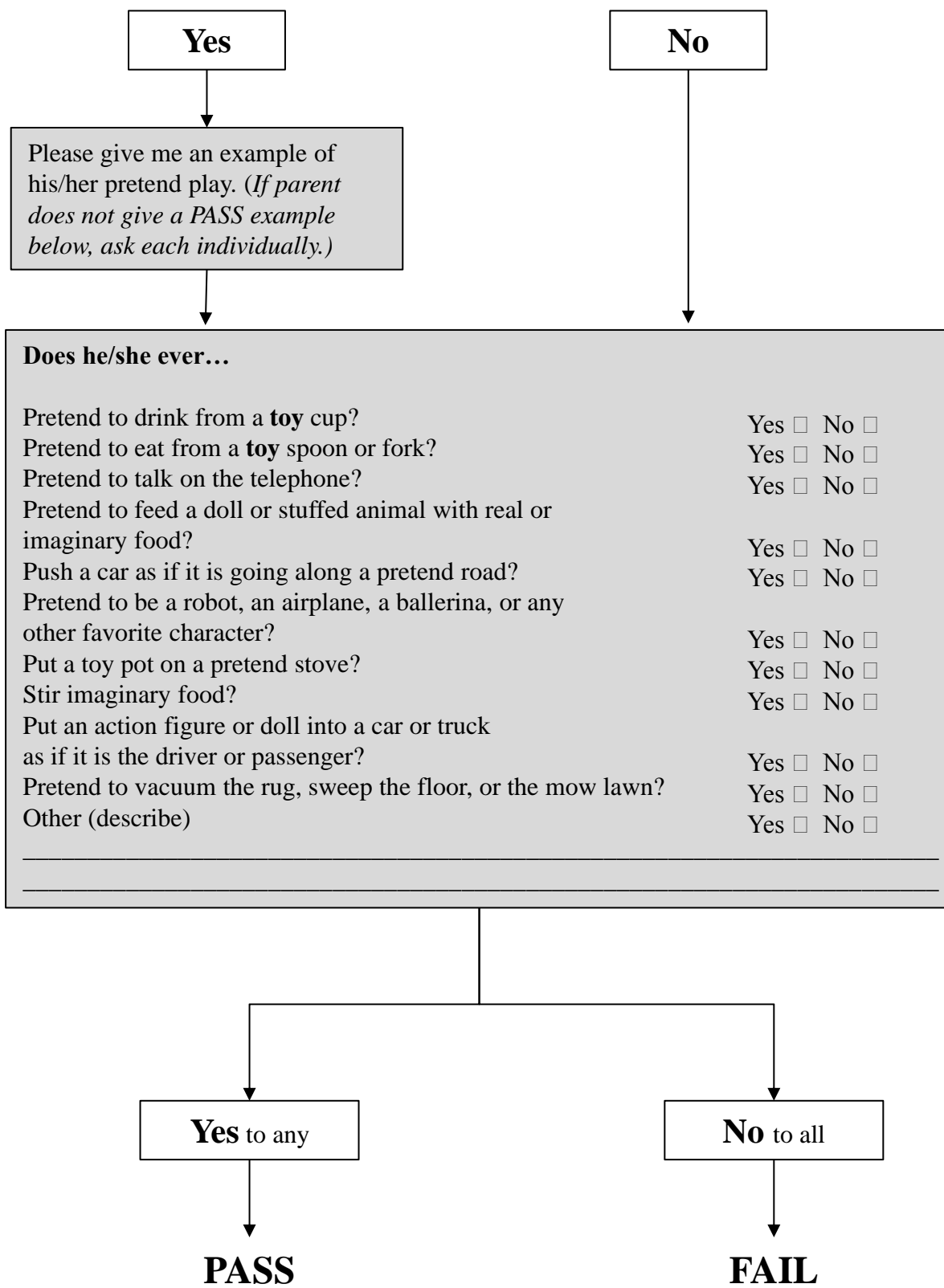
1. If you point at something across the room, does \_\_\_\_\_ look at it?



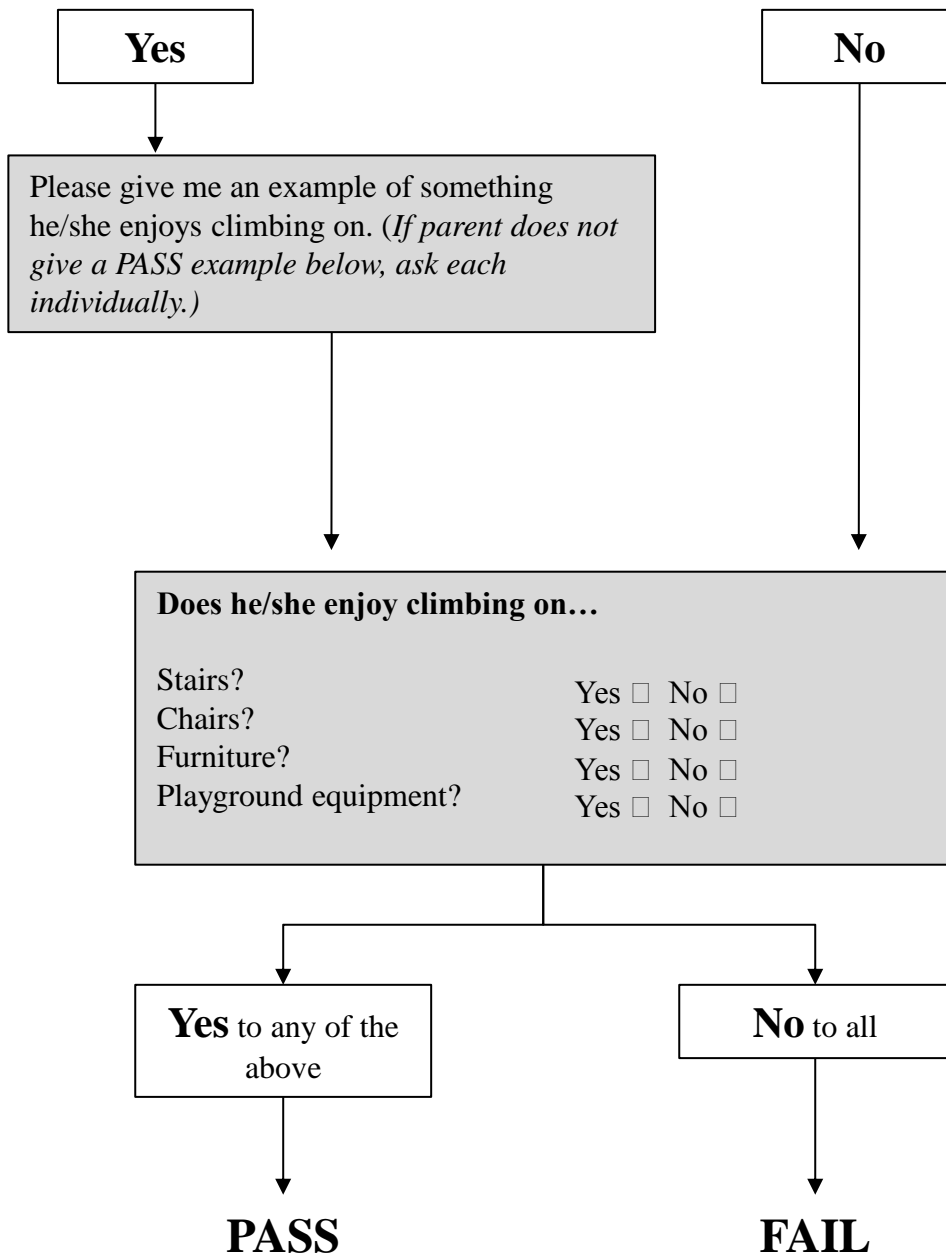
**2. You reported that you have wondered if your child is deaf. What led you to wonder that?**



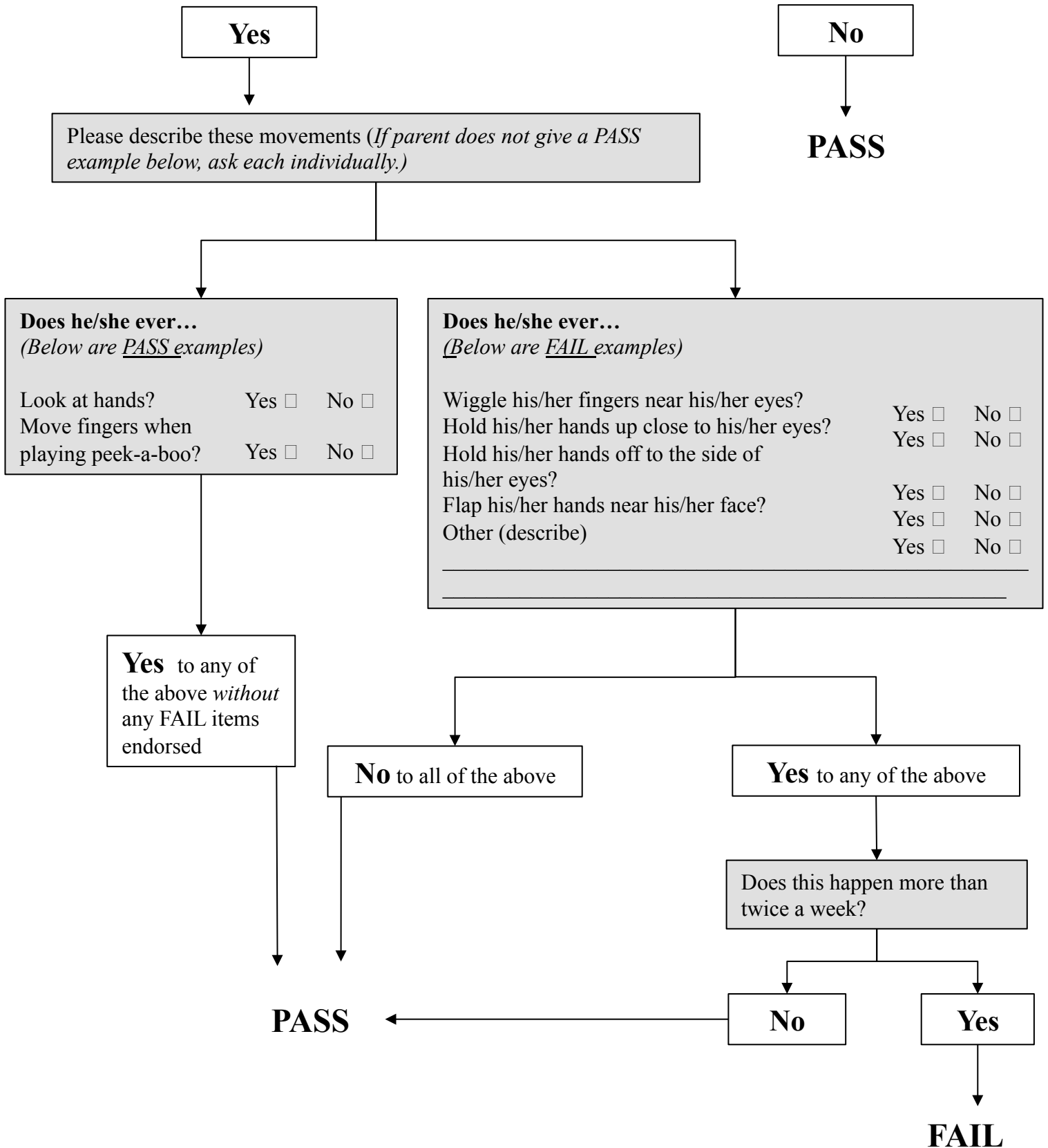
3. Does \_\_\_\_\_ play pretend or make- believe



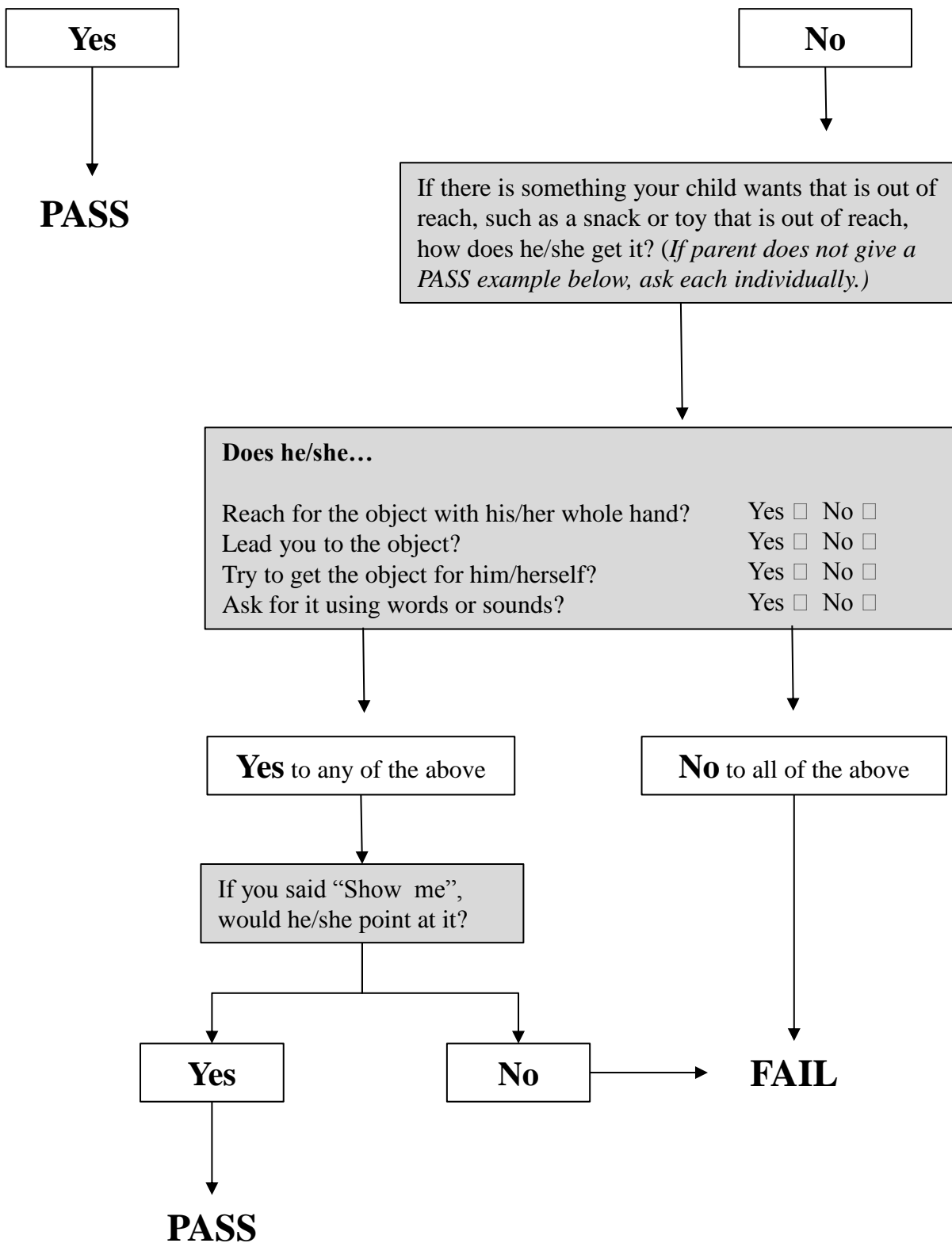
4. Does \_\_\_\_\_ like climbing on things?



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

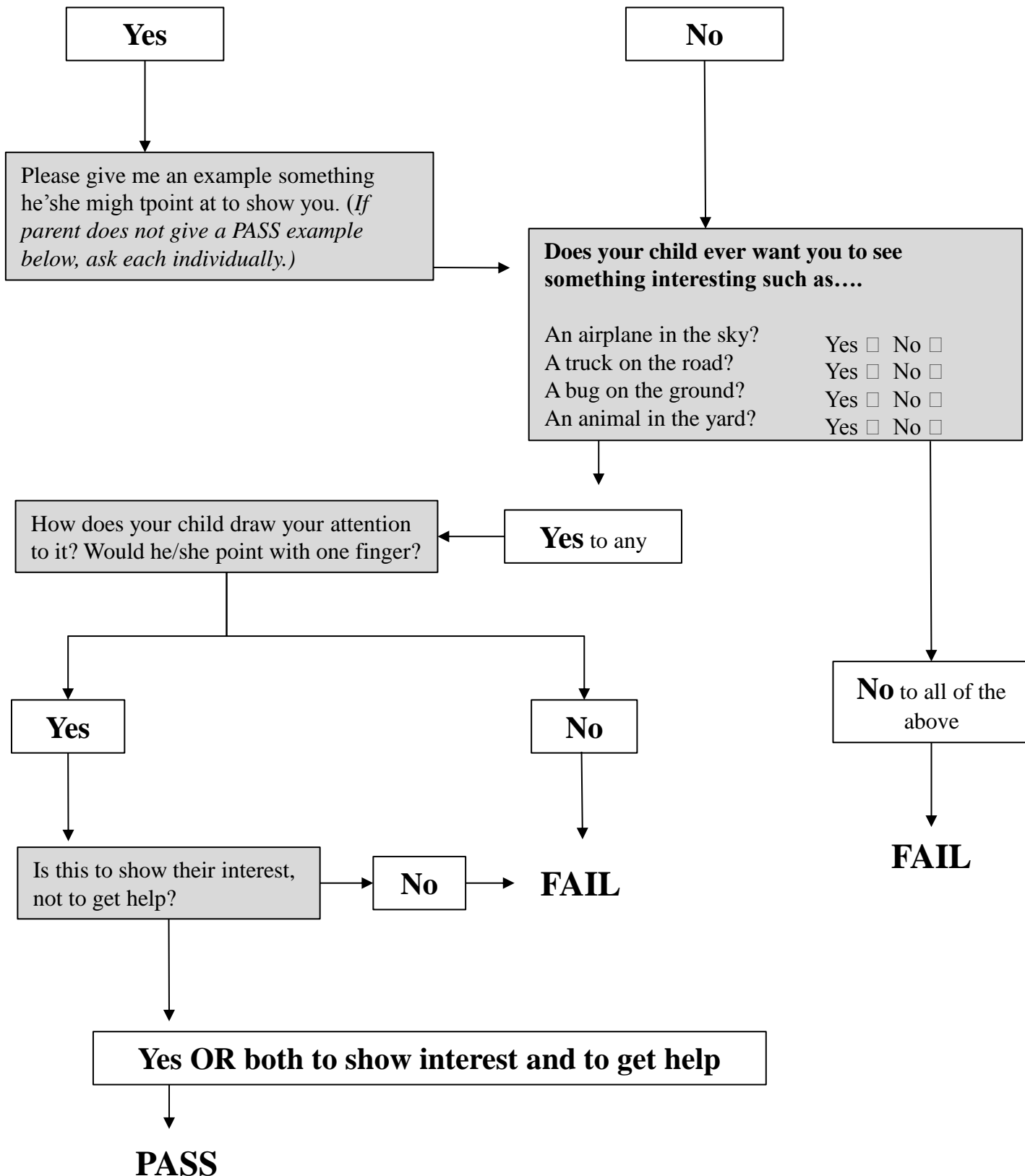


**6. Does your child point with one finger to ask for something or to get help?**

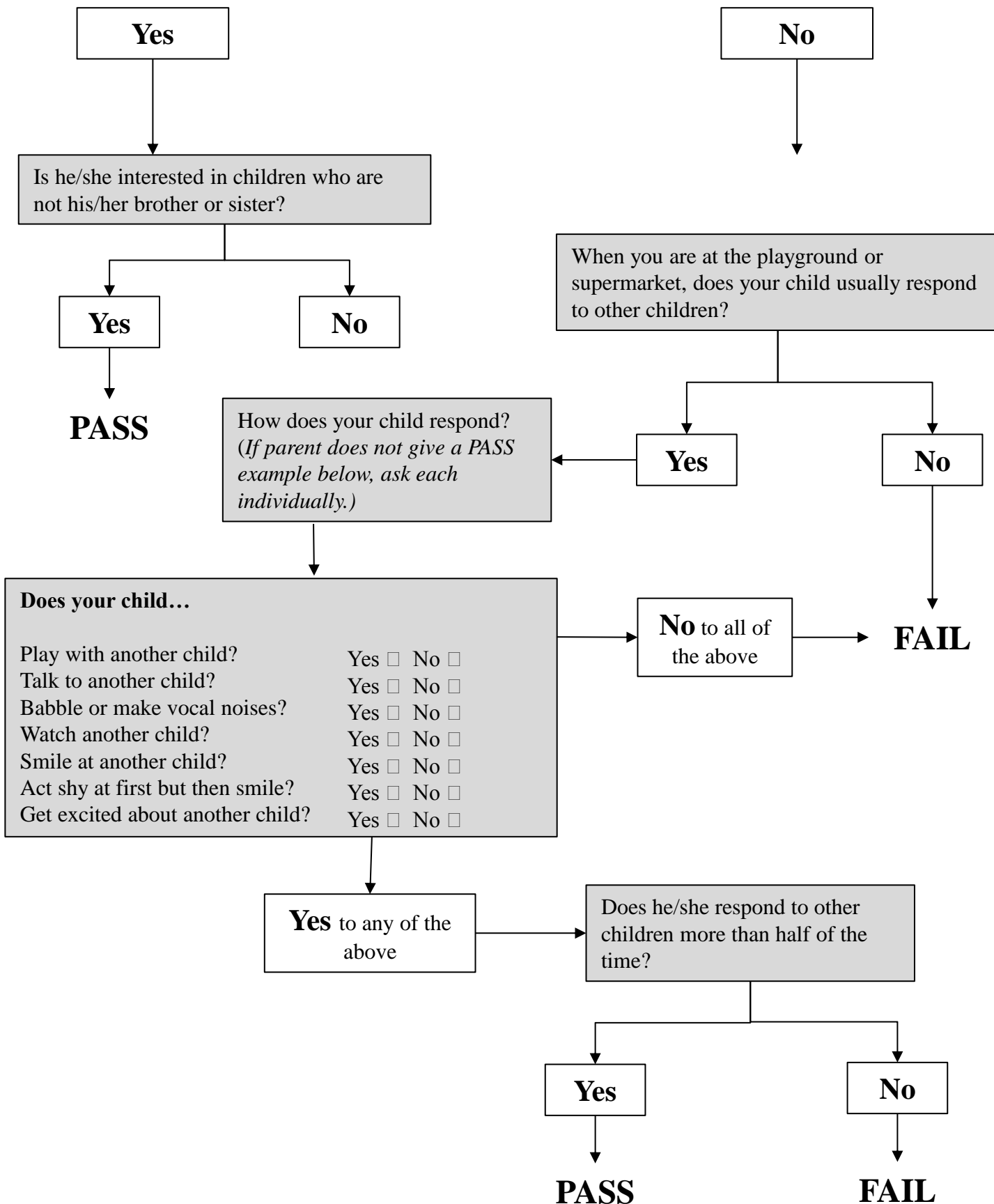




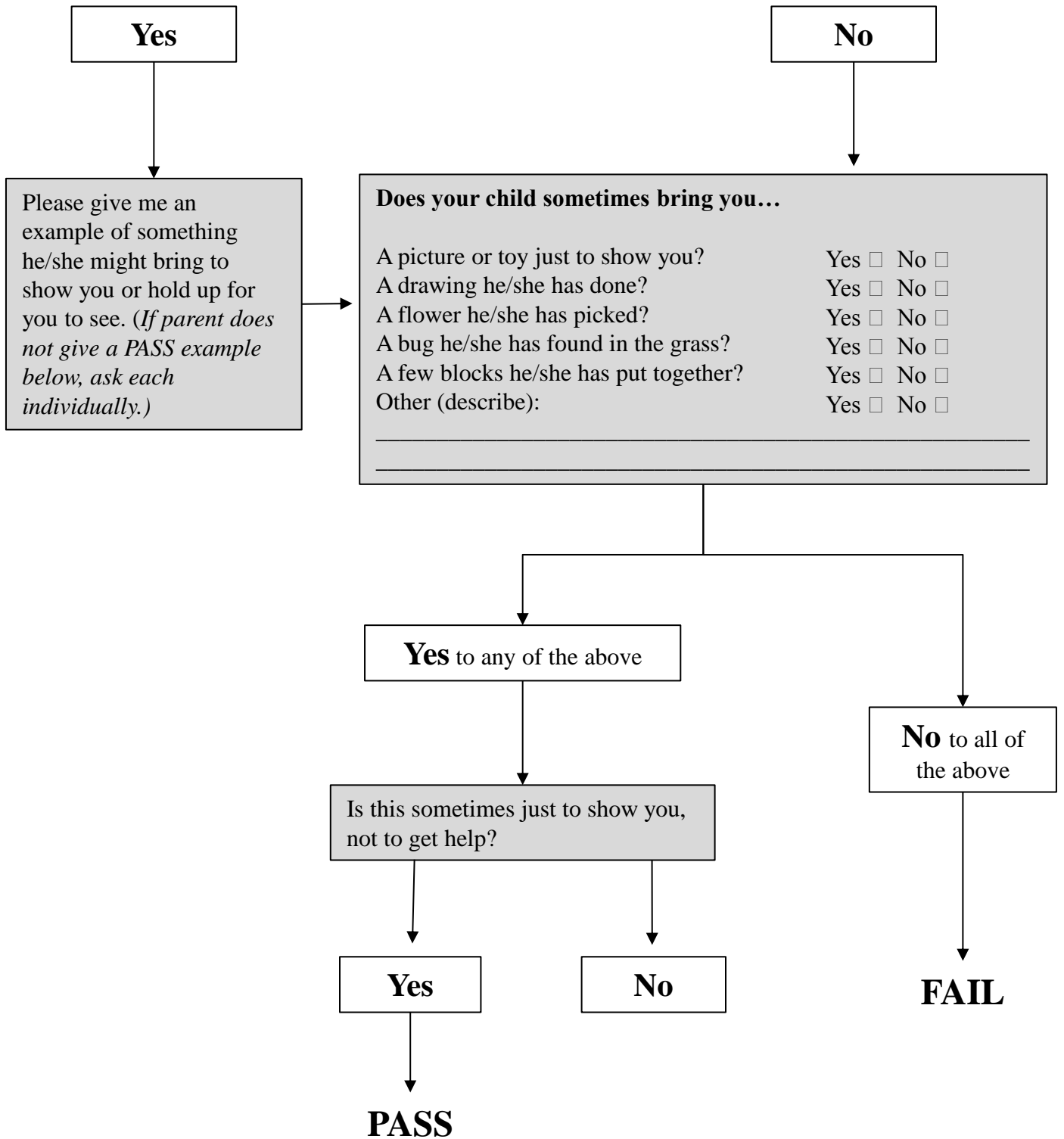
7. \* If the interviewer just asked #6, begin here: We just talked about pointing to *ask* for something, ASK ALL → Does your child point with one finger just to show you something interesting?



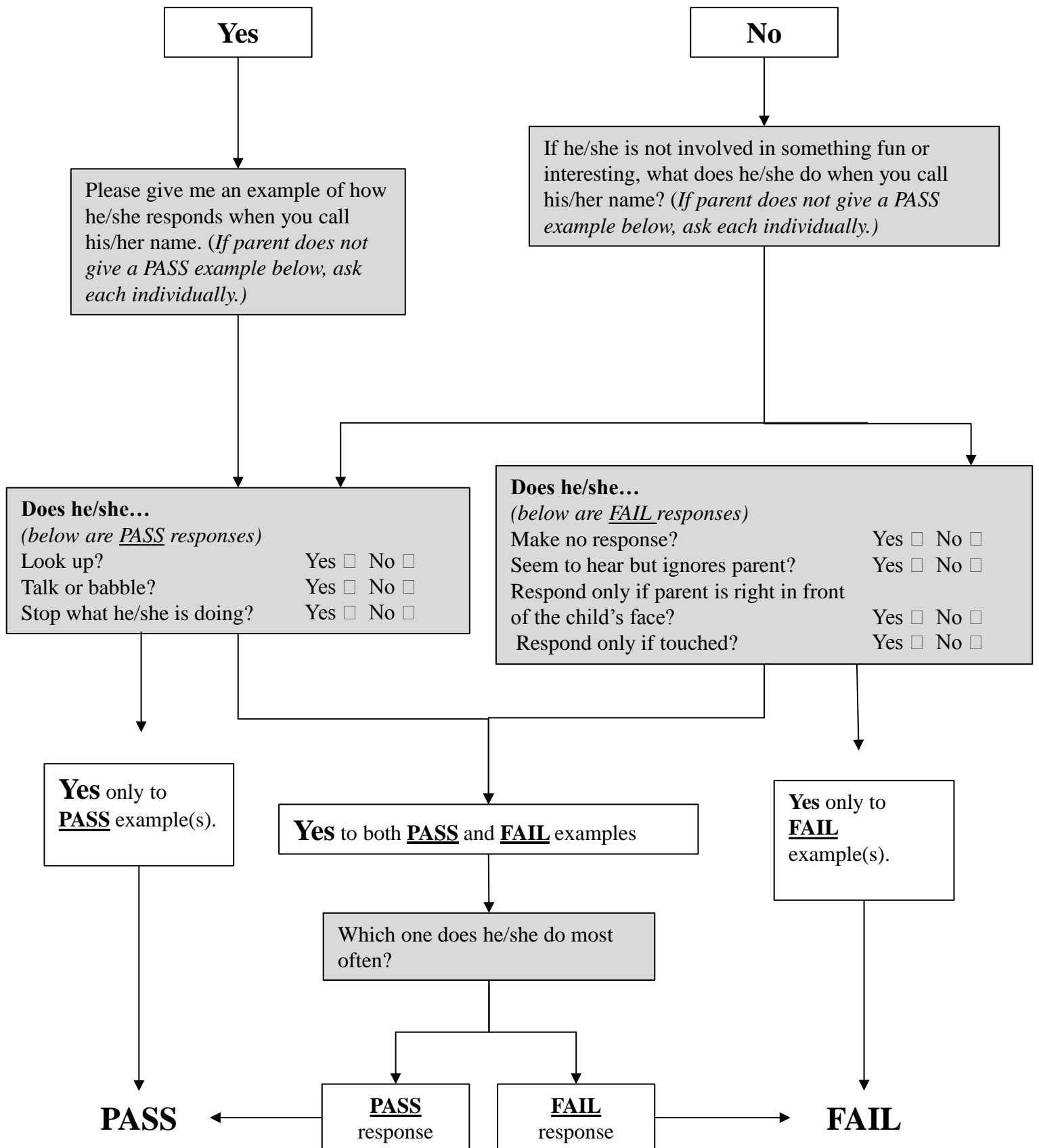
8. Is \_\_\_\_\_ interested in other children?



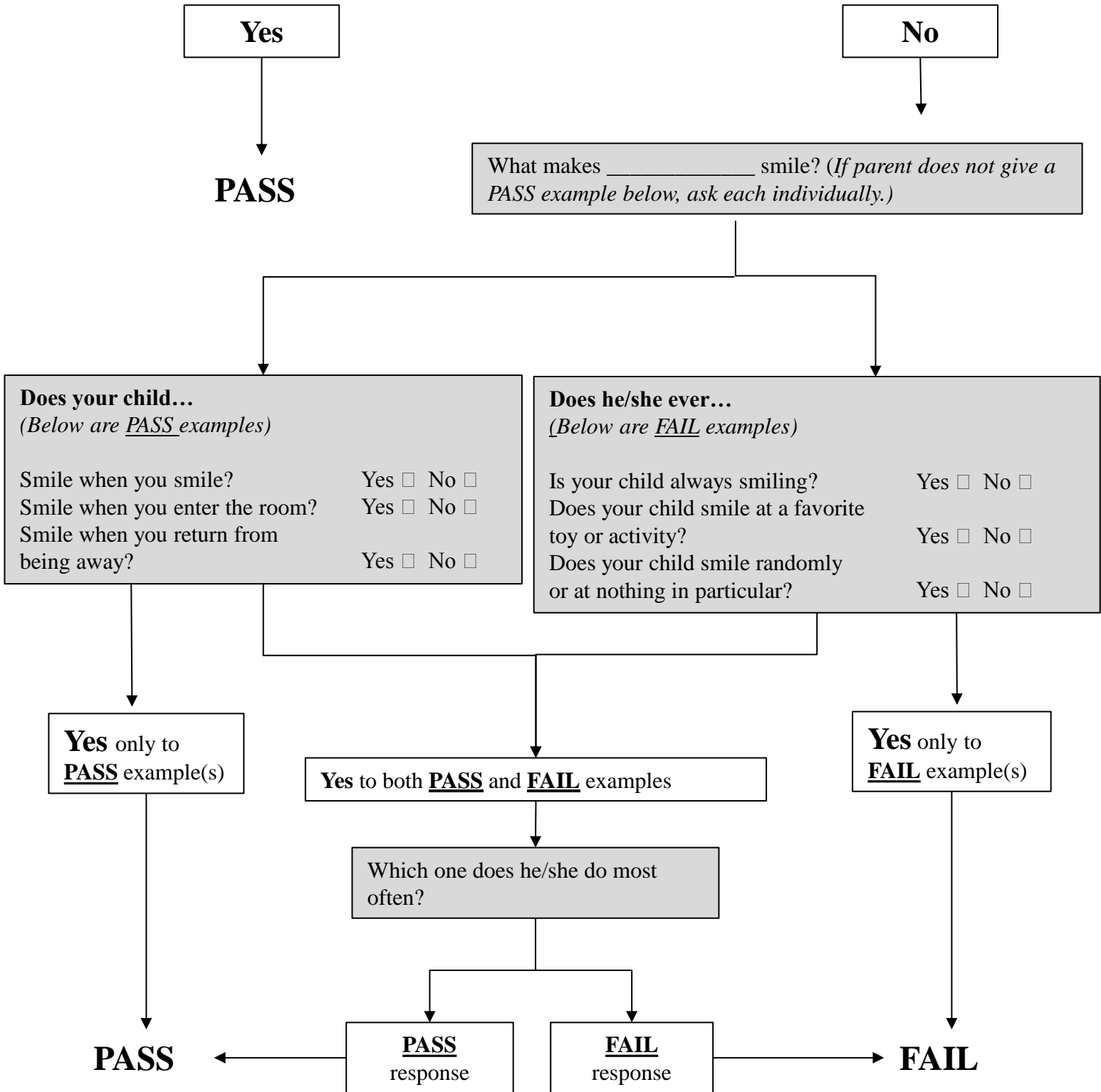
9. Does \_\_\_\_\_ show you things by bringing them to you or holding them up for you to see? Not just to get help, but to share?



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  No
- Babies crying? Yes  No
- Vacuum cleaner? Yes  No
- Hairdryer? Yes  No
- Traffic? Yes  No
- Babies squealing or screeching? Yes  No
- Loud music? Yes  No
- Telephone/ doorbell ringing? Yes  No
- Noisy places such as a supermarket or restaurant?
- Other (describe): Yes  No

**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  No
- Tell you that he/she does not like the noise? Yes  No

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

- Scream? Yes  No
- Cry? Yes  No
- Cover his/her ears while upset? Yes  No

**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?

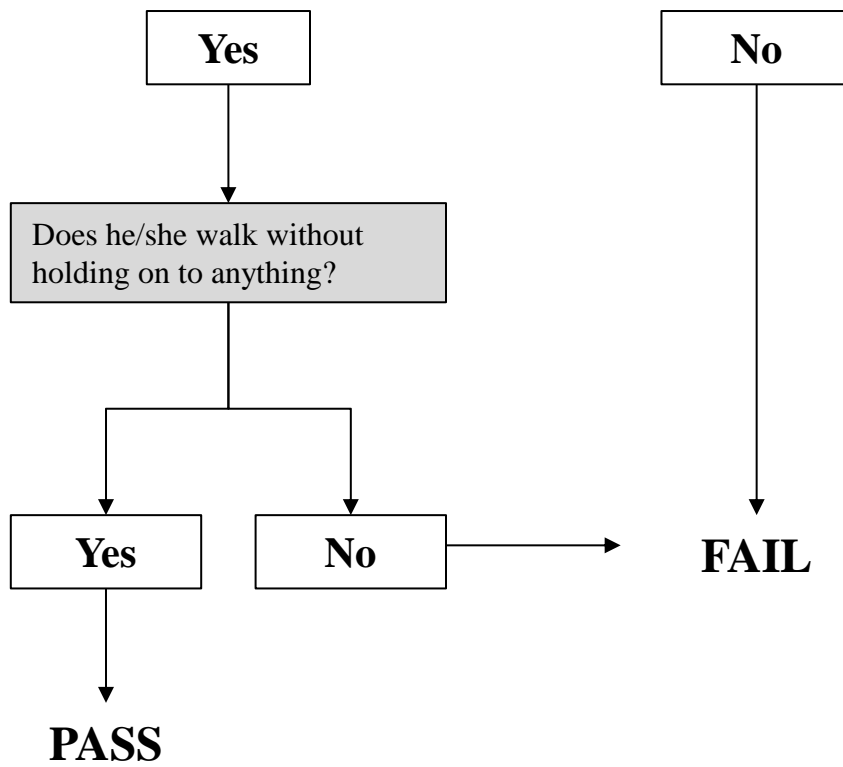
**PASS**

**PASS response**

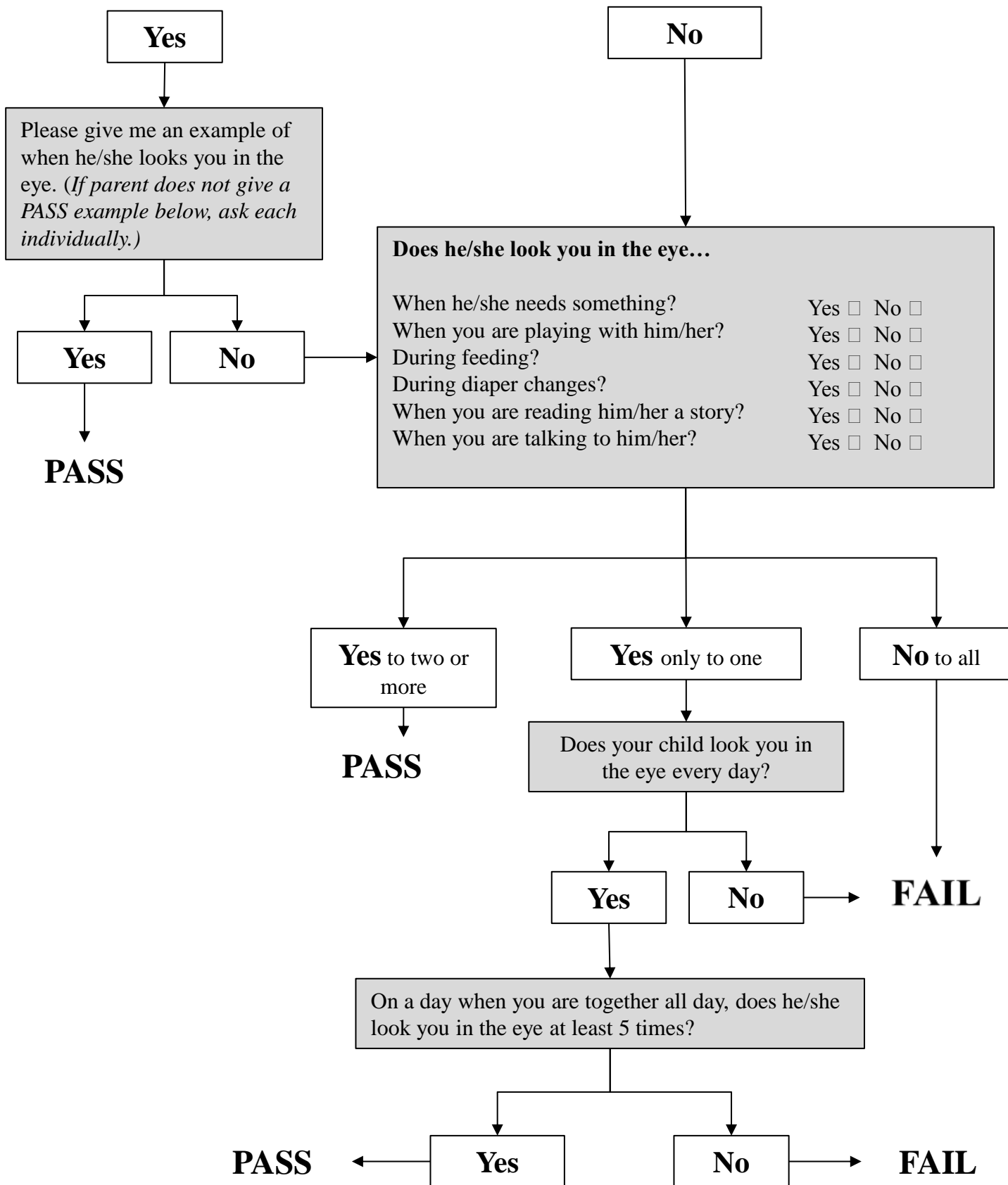
**FAIL response**

**FAIL**

13. Does \_\_\_\_\_ walk?

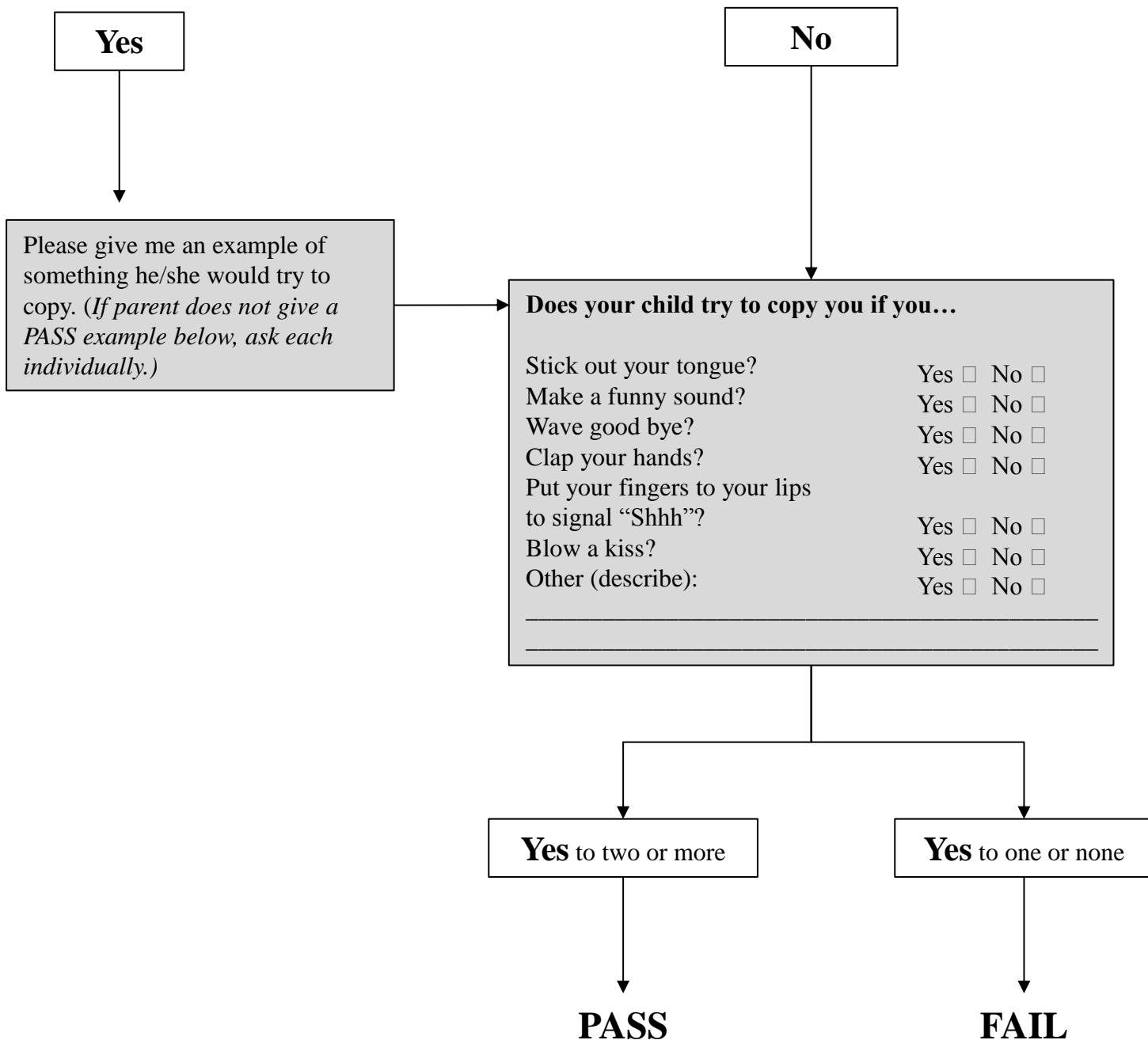


14. Does \_\_\_\_\_ look you in the eye when you are talking to him/her, playing with him/her, or changing him/her?

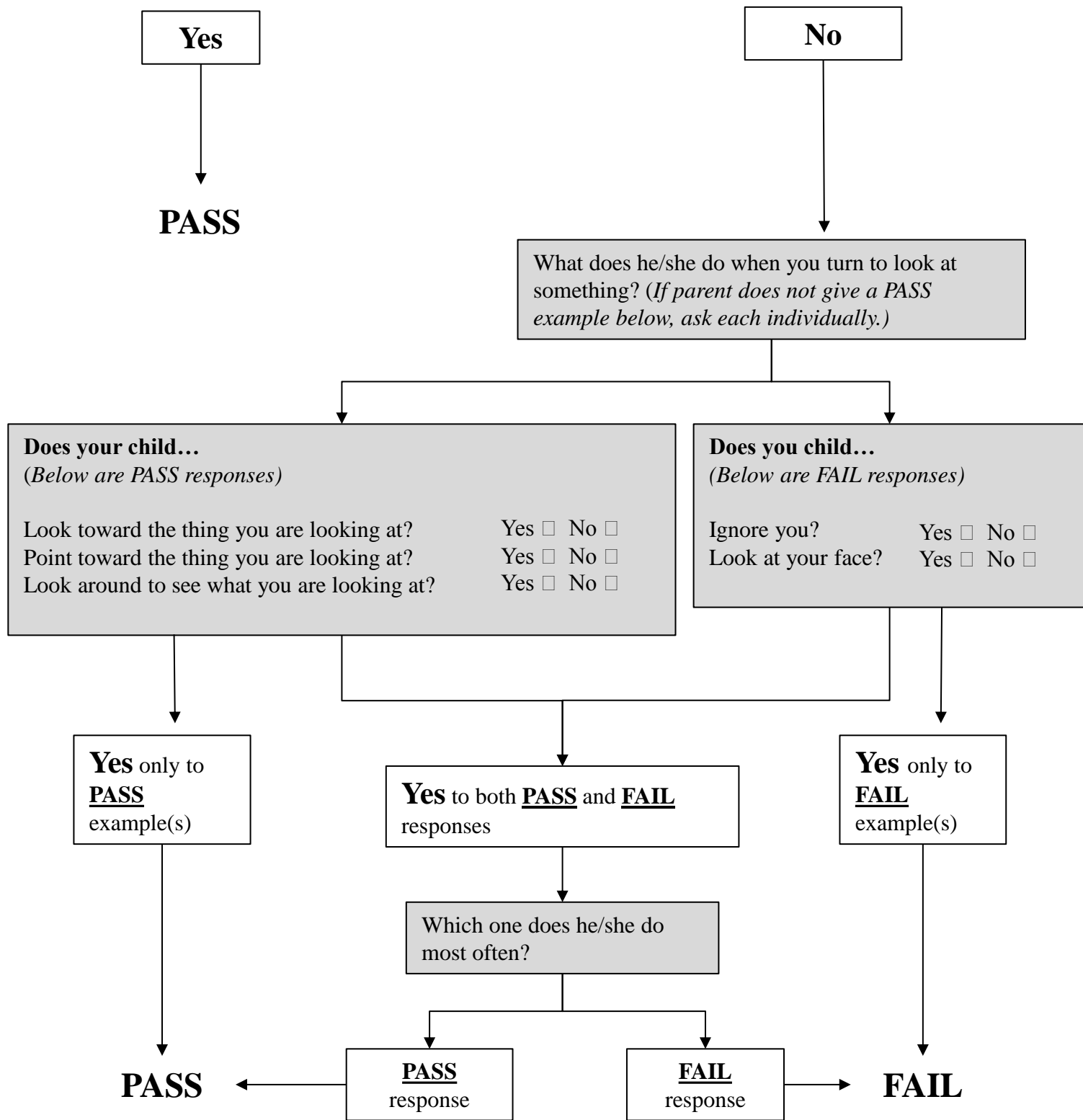




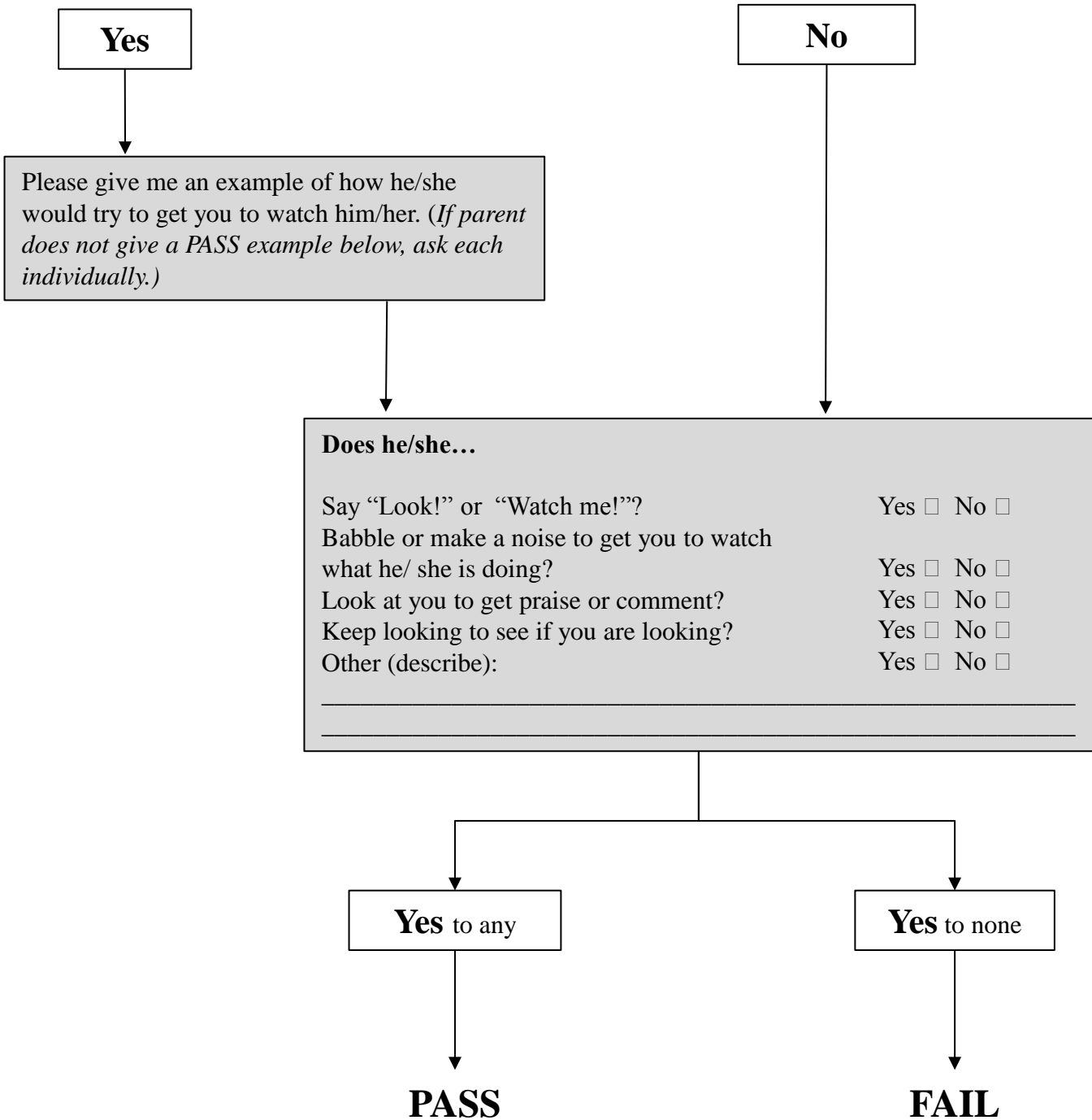
15. Does \_\_\_\_\_ try to copy what you do?



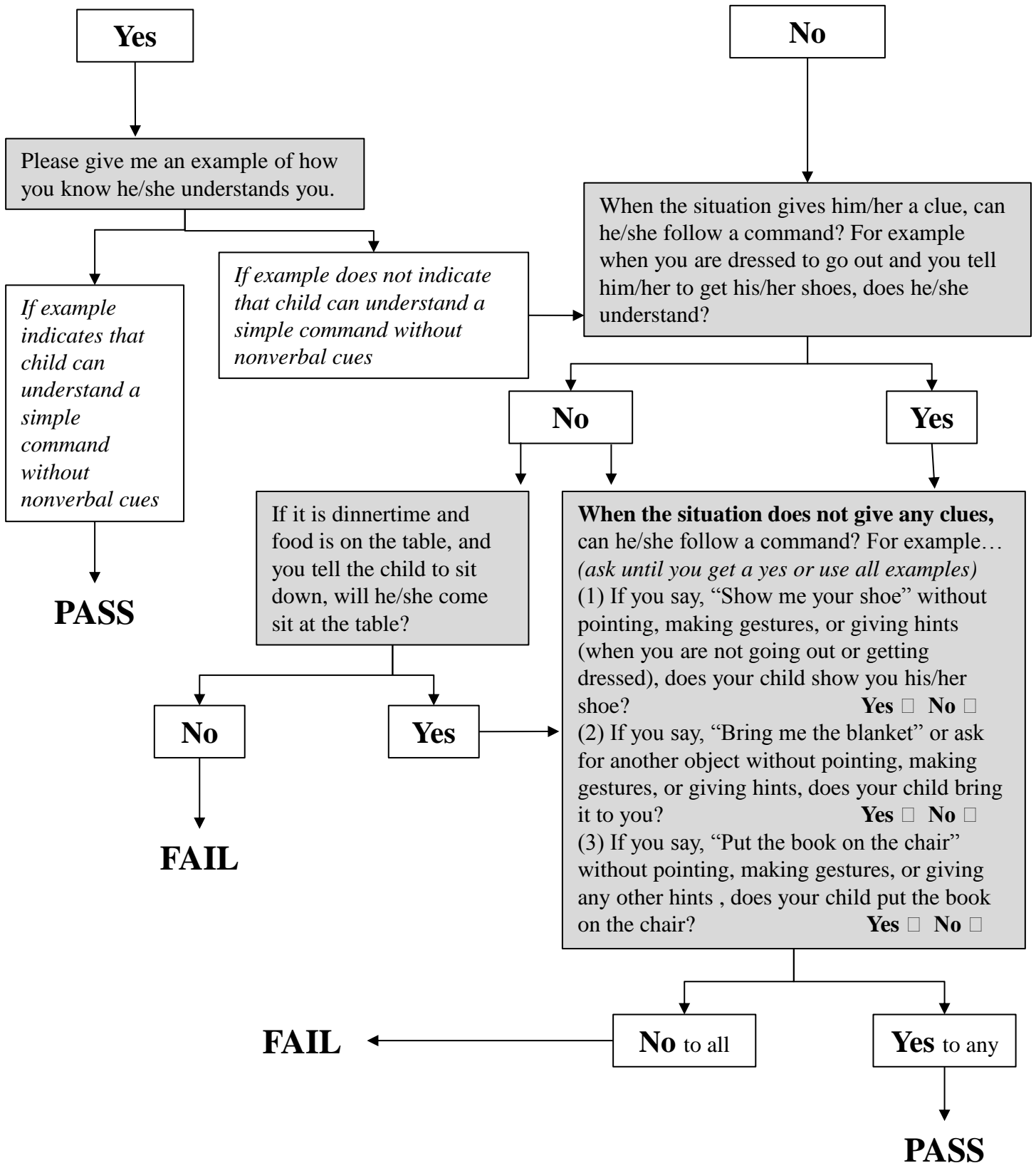
16. If you turn your head to look at something, does \_\_\_\_\_ look around to see what you are looking at?



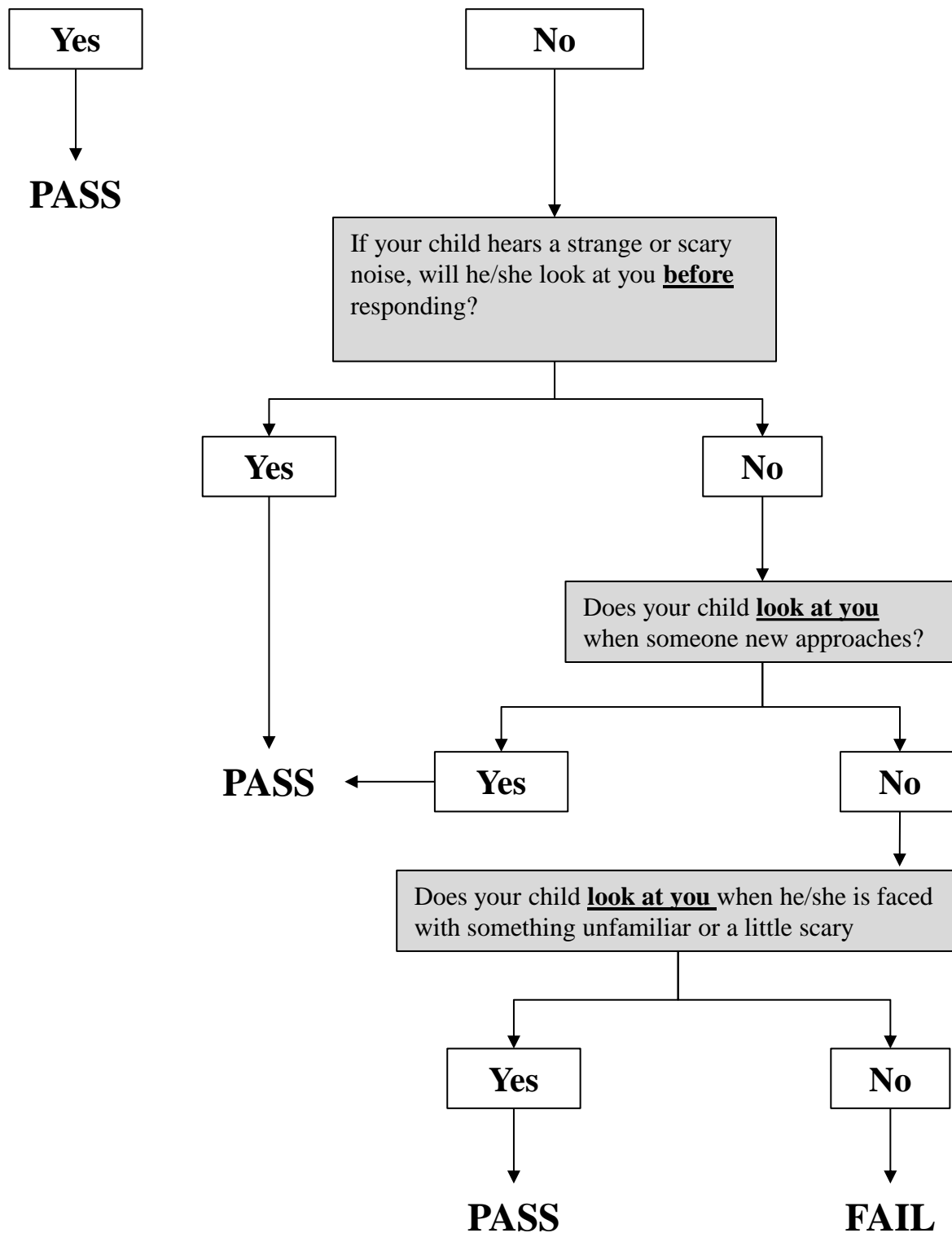
17. Does \_\_\_\_\_ try to get you to watch him/her?



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?

