Acknowledgement: We thank the M-CHAT Study Group in Spain for developing the flow chart format used in this document.

For more information, please see www.mchatscreen.com or contact Diana Robins at mchatscreen2009@gmail.com
Permissions for Use of the M-CHAT-R/F™


The M-CHAT-R/F is a copyrighted instrument, and use of the M-CHAT-R/F must follow these guidelines:

1. Reprints/reproductions of the M-CHAT-R must include the copyright at the bottom (© 2009 Robins, Fein, & Barton). No modifications can be made to items, instructions, or item order without permission from the authors.
2. The M-CHAT-R must be used in its entirety. Evidence indicates that any subsets of items do not demonstrate adequate psychometric properties.
3. Parties interested in reproducing the M-CHAT-R/F in print (e.g., a book or journal article) or electronically for use by others (e.g., as part of digital medical record or other software packages) must contact Diana Robins to request permission (mchatscreen2009@gmail.com).
4. If you are part of a medical practice, and you want to incorporate the first stage M-CHAT-R questions into your own practice’s electronic medical record (EMR), you are welcome to do so. However, if you ever want to distribute your EMR page outside of your practice, please contact Diana Robins to request a licensing agreement.

Instructions for Use

The M-CHAT-R can be administered and scored as part of a well-child care visit, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT-R is 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 will be diagnosed with ASD. To address this, we have developed the Follow-Up questions (M-CHAT-R/F). Users should be aware that even with the Follow-Up, a significant number of the children who screen positive on the M-CHAT-R will not be diagnosed with ASD; however, these children are at high risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who screens positive. The M-CHAT-R can be scored in less than two minutes. Scoring instructions can be downloaded from http://www.mchatscreen.com. Associated documents will be available for download as well.

Scoring Algorithm

For all items except 2, 5, and 12, the response “NO” indicates ASD risk; for items 2, 5, and 12, “YES” indicates ASD risk. The following algorithm maximizes psychometric properties of the M-CHAT-R:

LOW-RISK: Total Score is 0-2; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.

MEDIUM-RISK: Total Score is 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to get additional information about at-risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for early intervention. If score on Follow-Up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.

HIGH-RISK: Total Score is 8-20; It is acceptable to bypass the Follow-Up and refer immediately for diagnostic evaluation and eligibility evaluation for early intervention.
M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

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?)
   | Yes | No |

2. Have you ever wondered if your child might be deaf? 
   | Yes | No |

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?)
   | Yes | No |

4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)
   | Yes | No |

5. Does your child make unusual finger movements near his or her eyes? 
   (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)
   | Yes | No |

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)
   | Yes | No |

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)
   | Yes | No |

8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)
   | Yes | No |

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)
   | Yes | No |

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?)
    | Yes | No |

11. When you smile at your child, does he or she smile back at you?
    | Yes | No |

12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)
    | Yes | No |

13. Does your child walk?
    | Yes | No |

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?
    | Yes | No |

15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)
    | Yes | No |

16. If you turn your head to look at something, does your child look around to see what you are looking at?
    | Yes | No |

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”?)
    | Yes | No |

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”?)
   | Yes | No |

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?)
   | Yes | No |

20. Does your child like movement activities? 
    (FOR EXAMPLE, being swung or bounced on your knee)
    | Yes | No |
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 mchatscreen2009@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

<table>
<thead>
<tr>
<th>Question</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?)</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>2. Have you ever wondered if your child might be deaf?</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>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)</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>4. Does your child like climbing on things? (For example, furniture, playground equipment, or stairs)</td>
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</tr>
<tr>
<td>5. Does your child make unusual finger movements near his or her eyes? (For example, does your child wiggle his or her fingers close to his or her eyes?)</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>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)</td>
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</tr>
<tr>
<td>8. Is your child interested in other children? (For example, does your child watch other children, smile at them, or go to them?)</td>
<td>Pass/Fail</td>
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<tr>
<td>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)</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>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?)</td>
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<td>Pass/Fail</td>
</tr>
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<td>Pass/Fail</td>
</tr>
<tr>
<td>20. Does your child like movement activities? (For example, being swung or bounced on your knee)</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

Total Score: _______
1. If you point at something across the room, does ___________ look at it?

Yes

Please give me an example of how he/she will respond if you point at something (If parent does not give a PASS example below, ask each individually.)

FAIL examples

Ignores parent
Looks around room randomly
Looks at parent’s finger

Yes □ No □
Yes □ No □
Yes □ No □

Yes only to FAIL example(s)
FAIL

PASS

Which one does he/she do most often?

Most often is PASS example
PASS

Most often is FAIL example
FAIL

Yes to examples borth from PASS and FAIL

Yes □ No □
Yes □ No □

Yes only to PASS example(s)
2. You reported that you have wondered if your child is deaf. What led you to wonder that?

Does he/she...

- often ignore sounds?  Yes □ No □
- often ignore people?  Yes □ No □

No to both

PASS

Has your child’s hearing been tested?

Yes

FAIL

No

ALSO ASK FOR ALL CHILDREN:

What were the results of the hearing test? (choose one):

- Hearing in normal range  □
- Hearing below normal  □
- Results inconclusive or not definitive  □

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3. Does ________ play pretend or make-believe?

Yes

Please give me an example of his/her pretend play. (*If parent does not give a PASS example below, ask each individually.*)

No

Does he/she ever...

- Pretend to drink from a toy cup? Yes □ No □
- Pretend to eat from a toy spoon or fork? Yes □ No □
- Pretend to talk on the telephone? Yes □ No □
- Pretend to feed a doll or stuffed animal with real or imaginary food? Yes □ No □
- Push a car as if it is going along a pretend road? Yes □ No □
- Pretend to be a robot, an airplane, a ballerina, or any other favorite character? Yes □ No □
- Put a toy pot on a pretend stove? Yes □ No □
- Stir imaginary food? Yes □ No □
- Put an action figure or doll into a car or truck as if it is the driver or passenger? Yes □ No □
- Pretend to vacuum the rug, sweep the floor, or the mow lawn? Yes □ No □
- Other (describe) Yes □ No □

Yes to any

PASS

No to all

FAIL

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4. Does ________ like climbing on things?

Yes

Please give me an example of something he/she enjoys climbing on. (If parent does not give a PASS example below, ask each individually.)

No

Does he/she enjoy climbing on...

- Stairs?
- Chairs?
- Furniture?
- Playground equipment?

Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □

Yes to any of the above

PASS

No to all

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

Yes

Please describe these movements (If parent does not give a PASS example below, ask each individually.)

No

PASS

FAIL

Yes
to any of the above without any FAIL items endorsed

No
to all of the above

Yes
to any of the above

Does this happen more than twice a week?

No

Yes

FAIL

Does he/she ever...
(Below are PASS examples)

Look at hands?  Yes □  No □
Move fingers when playing peek-a-boo?  Yes □  No □

Does he/she ever...
(Below are FAIL examples)

Wiggle his/her fingers near his/her eyes?  Yes □  No □
Hold his/her hands up close to his/her eyes?  Yes □  No □
Hold his/her hands off to the side of his/her eyes?  Yes □  No □
Flap his/her hands near his/her face?  Yes □  No □
Other (describe)
_____________________________________________________
___________________________________________________
6. Does your child point with one finger to ask for something or to get help?

Yes

PASS

No

If there is something your child wants that is out of reach, such as a snack or toy that is out of reach, how does he/she get it? (If parent does not give a PASS example below, ask each individually.)

Does he/she...

Reach for the object with his/her whole hand? Yes □ No □
Lead you to the object? Yes □ No □
Try to get the object for him/herself? Yes □ No □
Ask for it using words or sounds? Yes □ No □

Yes to any of the above

If you said “Show me”, would he/she point at it?

Yes

PASS

No

FAIL

No to all of the above
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?

Yes

Please give me an example something he/she might point at to show you. (If parent does not give a PASS example below, ask each individually.)

No

Does your child ever want you to see something interesting such as….

- An airplane in the sky?  
- A truck on the road?  
- A bug on the ground?  
- An animal in the yard?

Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □

How does your child draw your attention to it? Would he/she point with one finger?

Yes to any

Yes

Is this to show their interest, not to get help?

Yes OR both to show interest and to get help

No

FAIL

No to all of the above

PASS
8. Is __________ interested in other children?

Yes

Is he/she interested in children who are not his/her brother or sister?

Yes

No

PASS

Yes

No

FAIL

FAIL

PASS

Yes

No

FAIL

PASS

Yes

No
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?

Yes

Please give me an example of something he/she might bring to show you or hold up for you to see. *(If parent does not give a PASS example below, ask each individually.)*

No

Does your child sometimes bring you...

- A picture or toy just to show you? Yes □ No □
- A drawing he/she has done? Yes □ No □
- A flower he/she has picked? Yes □ No □
- A bug he/she has found in the grass? Yes □ No □
- A few blocks he/she has put together? Yes □ No □
- Other (describe):

______________________________________________________

Yes to any of the above

Is this sometimes just to show you, not to get help?

Yes

PASS

No

No to all of the above

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

Yes

Please give me an example of how he/she responds when you call his/her name. (If parent does not give a PASS example below, ask each individually.)

Does he/she…
(below are PASS responses)
Look up? Yes ☐ No ☐
Talk or babble? Yes ☐ No ☐
Stop what he/she is doing? Yes ☐ No ☐

Yes only to PASS example(s).

Yes to both PASS and FAIL examples

Which one does he/she do most often?

PASS

PASS response

FAIL

FAIL response

No

If he/she is not involved in something fun or interesting, what does he/she do when you call his/her name? (If parent does not give a PASS example below, ask each individually.)

Does he/she…
(above are FAIL responses)
Make no response? Yes ☐ No ☐
Seem to hear but ignores parent? Yes ☐ No ☐
Respond only if parent is right in front of the child’s face? Yes ☐ No ☐
Respond only if touched? Yes ☐ No ☐

Yes only to FAIL example(s).
11. When you smile at __________, does he/she smile back at you?

Yes → PASS

No → What makes __________ smile? (If parent does not give a PASS example below, ask each individually.)

Does your child…
(Below are PASS examples)

Smile when you smile? ➤ Yes ☐ No ☐
Smile when you enter the room? ➤ Yes ☐ No ☐
Smile when you return from being away? ➤ Yes ☐ No ☐

Does he/she ever…
(Below are FAIL examples)

Is your child always smiling? ➤ Yes ☐ No ☐
Does your child smile at a favorite toy or activity? ➤ Yes ☐ No ☐
Does your child smile randomly or at nothing in particular? ➤ Yes ☐ No ☐

Yes only to PASS example(s) → PASS

Yes to both PASS and FAIL examples → Which one does he/she do most often?

PASS response → PASS

FAIL response → FAIL

Yes only to FAIL example(s) → FAIL
12. Does ________ get upset by everyday noises?

Yes

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

A washing machine?  
Babies crying?  
Vacuum cleaner?  
Hairdryer?  
Traffic?  
Babies squealing or screeching?  
Loud music?  
Telephone/ doorbell ringing?  
Noisy places such as a supermarket or restaurant?  
Other (describe):

__________________________________________________  
__________________________________________________

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…

(Calmmly cover his/her ears?  
Tell you that he/she does not like the noise?

Yes to both PASS and FAIL

Which one does he/she do most often?

Yes only to PASS example(s)

PASS

Yes

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

A washing machine?  
Babies crying?  
Vacuum cleaner?  
Hairdryer?  
Traffic?  
Babies squealing or screeching?  
Loud music?  
Telephone/ doorbell ringing?  
Noisy places such as a supermarket or restaurant?  
Other (describe):

__________________________________________________  
__________________________________________________

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…

(Calmmly cover his/her ears?  
Tell you that he/she does not like the noise?

Yes to both PASS and FAIL

Which one does he/she do most often?

Yes only to PASS example(s)

PASS

Yes

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

A washing machine?  
Babies crying?  
Vacuum cleaner?  
Hairdryer?  
Traffic?  
Babies squealing or screeching?  
Loud music?  
Telephone/ doorbell ringing?  
Noisy places such as a supermarket or restaurant?  
Other (describe):

__________________________________________________  
__________________________________________________

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…

(Calmmly cover his/her ears?  
Tell you that he/she does not like the noise?

Yes to both PASS and FAIL

Which one does he/she do most often?

Yes only to PASS example(s)

PASS

Yes
13. Does _______ walk?

Yes → Yes

Does he/she walk without holding on to anything?

Yes → Yes

FAIL

No → No

FAIL

Yes → PASS

No → PASS
14. Does ________ look you in the eye when you are talking to him/her, playing with him/her, or changing him/her?

Yes

Does he/she look you in the eye...

When he/she needs something?  
Yes □ No □
When you are playing with him/her?  
Yes □ No □
During feeding?  
Yes □ No □
During diaper changes?  
Yes □ No □
When you are reading him/her a story?  
Yes □ No □
When you are talking to him/her?  
Yes □ No □

No

Yes to two or more  
PASS

Yes only to one

No to all  
FAIL

Yes

On a day when you are together all day, does he/she look you in the eye at least 5 times?

Yes  
PASS

No  
FAIL

No

Yes

PASS

FAIL

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15. Does ________ try to copy what you do?

Yes

Please give me an example of something he/she would try to copy. (If parent does not give a PASS example below, ask each individually.)

No

Does your child try to copy you if you...

- Stick out your tongue?
- Make a funny sound?
- Wave good bye?
- Clap your hands?
- Put your fingers to your lips to signal “Shhh”?
- Blow a kiss?
- Other (describe):

Please check if yes or no:

Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □
Yes □ No □

Yes to two or more

PASS

Yes to one or none

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

Yes

PASS

No

What does he/she do when you turn to look at something? *(If parent does not give a PASS example below, ask each individually.)*

Does your child…

*(Below are PASS responses)*

Look toward the thing you are looking at? Yes □ No □
Point toward the thing you are looking at? Yes □ No □
Look around to see what you are looking at? Yes □ No □

Yes only to PASS example(s)

Yes to both PASS and FAIL responses

Which one does he/she do most often?

PASS response

FAIL response

Yes only to FAIL example(s)

PASS

FAIL
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?

Yes

Please give me an example of how you know he/she understands you.

If example indicates that child can understand a simple command without nonverbal cues

No

When the situation gives him/her a clue, can he/she follow a command? For example when you are dressed to go out and you tell him/her to get his/her shoes, does he/she understand?

Yes       No

If it is dinnertime and food is on the table, and you tell the child to sit down, will he/she come sit at the table?

No

When the situation does not give any clues, can he/she follow a command? For example… (ask until you get a yes or use all examples)

(1) If you say, “Show me your shoe” without pointing, making gestures, or giving hints (when you are not going out or getting dressed), does your child show you his/her shoe? Yes ∙ No ☐

(2) If you say, “Bring me the blanket” or ask for another object without pointing, making gestures, or giving hints, does your child bring it to you? Yes ∙ No ☐

(3) If you say, “Put the book on the chair” without pointing, making gestures, or giving any other hints, does your child put the book on the chair? Yes ∙ No ☐

FAIL

No to all

Yes to any

PASS

FAIL

No

PASS

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

Yes  No

PASS

If your child hears a strange or scary noise, will he/she look at you before responding?

Yes  No

Does your child look at you when someone new approaches?

Yes  No

PASS

Does your child look at you when he/she is faced with something unfamiliar or a little scary

Yes  No

PASS  FAIL

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20. Does ___________ like movement activities?

Yes

Does he/she enjoy being bounced or swung?

No

When you swing or bounce him/her, how does he/she react? (If parent does not give an example below, ask each individually.)

Yes

Does your child…

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laugh or smile?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Talk or babble?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Request more by holding out his/her arms?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (describe):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes to any specific examples (or if “other” is a positive response)

PASS

No

No to all

FAIL