Case Worksheet for Learners

Case Goal

Early identification of autism spectrum disorder (ASD) and referral for subsequent specialized developmental services greatly improves long-term outcomes for children with ASD. The American Academy of Pediatrics (AAP) recommends ongoing developmental surveillance at every visit, developmental screenings at 9, 18, and 24 or 30 months, and autism-specific screening at 18 and 24 months.

Key Learning Points of This Case

1. Perform ASD-specific screening as recommended by the AAP.
   a. Review the AAP guidelines on screening for ASD. ___________________________________________
      ____________________________________________________________________________________

   b. Discuss the importance of screening for ASD as part of developmental surveillance. ______________
      ____________________________________________________________________________________

   c. Choose an appropriate screening tool. _____________________________________________________
      ____________________________________________________________________________________

   d. Administer and score a screening tool correctly ______________________________________________
      ____________________________________________________________________________________

2. Develop an appropriate management plan based on results of screening for ASD.
   a. Interpret screening results correctly. _____________________________________________________
      ____________________________________________________________________________________

   b. Explain the results of screening to parents. ________________________________________________
      ____________________________________________________________________________________

   c. Formulate an appropriate plan of care based on screening results. ____________________________
      ____________________________________________________________________________________

Post Learning Exercise

1. Ask the caregivers of children at the 18-, 24-, and 30-month visits to complete the M-CHAT-R (the M-CHAT-R is available at https://www.m-chat.org/index.php).
2. Practice explaining the process of screening to families and describe the limitations of screening tools.
3. Score the M-CHAT-R screening tools completed by caregivers. If any child scores 3 or more on the MCHAT-R do Follow-Up questions and score the Follow-Up.
4. Discuss the results with families of your patients.
5. Discuss with your preceptor where you would refer a child with a positive screen in your area (for example: audiology, Early Intervention, a developmental pediatrician).
Case Study Part I

It’s a busy morning in the NICU, and you, a second-year pediatric resident, think longingly of the lunch you won’t be able to have as you quickly sign out your patients. You hurry over to your community clinic, arriving a few minutes late. Your first patient for the afternoon is a baby you have been following since birth. You first met the family in the newborn nursery and have enjoyed seeing little Matthew learn to roll over, sit, cruise, and walk.

Matthew is now 18 months old and is coming in for a routine health care maintenance visit. As you enter the room, you smile at Matthew and ask his mother and father how he’s doing. “Great,” they reply. “He loves to explore our apartment and laughs like crazy when we play peek-a-boo. We have started taking him to the park, and he enjoys playing with blocks.” You do a physical exam on Matthew and note that he has said very few words during the assessment. His eye contact is variable. When you ask about his language, Matthew’s parents indicate that, although they have noticed he’s not saying as many words as they would have anticipated at his age, they attribute this to his being raised in a bilingual household. They indicate he only has a couple of words. You spend a few more moments engaging Matthew in play before going back to the conference room to present to the attending.

Although Matthew is a quiet and sweet boy, you remain concerned about his language and variable eye contact. Given his age, Matthew should have an ASD-specific screening as well as a general developmental screening as part of his 18-month checkup. After discussing Matthew’s case with your preceptor, you go back to the family. You discuss the importance of screening with Matthew’s parents. You explain to Matthew’s parents that screens are not used to diagnose, but can provide important information regarding milestones that Matthew should be reaching. You give Matthew’s parents the screening tool to complete.

Your next patient is Claudia, a 2-year-old girl who has just moved to the area from another state. This is Claudia’s first visit to the clinic. As you introduce yourself to Claudia, you notice that she stares at the door. You complete a physical exam and look over Claudia’s immunization record. You ask Claudia’s dad about preschool, and he replies that since Claudia does not speak yet, the family decided not to place her in preschool. You attempt to engage Claudia with toys, but Claudia appears more interested in the buttons on her sweater. You go back to your preceptor and describe Claudia’s concerning behavior and lack of words. You and your preceptor agree that these may be signs of ASD. After explaining the routine of screening for ASD at the 18-month and 2-year-old visits, you give the screening tool to Claudia’s dad for completion.

Case Authors

- Rebecca J. Scharf, MD, Children’s Hospital at Montefiore, Albert Einstein College of Medicine
- Jan Harold Sia, MD, Yale University School of Medicine
- Demetra Pappas, MD, Children’s Hospital Boston, Harvard Medical School
- Maris Rosenberg, MD, Children’s Hospital at Montefiore, Albert Einstein College of Medicine
Case Study Part II

Matthew’s parents complete the questionnaire and give it back to the nurse. The nurse scores the M-CHAT-R and determines that he has scored a three, putting him at Medium-Risk for ASD. You discuss Matthew with your preceptor, and together you decide to refer to an audiologist and administer the Follow-Up Interview to get additional information about at risk responses on the M-CHAT-R.

Claudia’s dad is unsure of the answers to several questions as mom typically cares for Claudia during the day. He asks to speak with you. Upon scoring the M-CHAT-R, you note that Claudia scored a nine and two “unsure” responses, putting her at High-Risk for ASD. You explain to Claudia’s dad that some of his responses about Claudia’s behavior raised concerns about Claudia’s development.

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Case Study Part III - Epilogue

Matthew’s parents return the next week for a follow-up appointment to discuss the results of the screening tool, and you conduct the Follow-Up Interview. On the Follow-Up Interview, Matthew passes all the items. You discuss Matthew’s development with his parents and ask them if they have any concerns. They state that they do not at this time. You provide ideas for engaging Matthew in creative play, as well as facilitating speech and language development, and you make another health care-maintenance appointment for Matthew during which you will continue to follow his development progress. Per the AAP recommendations, Matthew should have another ASD-specific screen at 24 months or earlier if the parents or physician have concerns.

Claudia and her parents also return the next week so you can obtain further history and complete the M-CHAT-R Follow-Up Interview with her mom and dad. You were concerned by Claudia’s results on the M-CHAT-R screener, and you would like to use the Follow-Up Interview to identify the areas of greatest need and where to focus your energies. Claudia’s parents’ responses note continued concerns regarding Claudia’s communication and social skills. For instance, Claudia takes interest in children, but typically does not respond to the presence of others. She does not engage in pretend play and does not play properly with toys, preferring to bang them on the floor. Although she uses her finger to point, she cries and whines when she wants something and does not use gestures or pointing in order to gain attention from others. Claudia also does not imitate others. She occasionally responds to her name, but does not respond when she is focused on a preferred activity. She also has been noted to stare at nothing and wander. Given the presence of continued concerns, you speak in depth with Claudia’s parents regarding the possible diagnosis of autism spectrum disorder based on the screening measures. Of note, although some of Claudia’s initially reported behaviors of concern are resolved on the M-CHAT-R Follow-Up Interview, and Claudia’s dad is unsure of some of Claudia’s behaviors, there remain enough concerning behaviors to warrant referral for further evaluation. You address the need for a formal evaluation to clearly delineate Claudia’s symptoms. Claudia’s parents are in agreement with the concerns, but also wonder how these results are accurate based on such a short time for observation. You refer Claudia for a hearing evaluation and an assessment by an early intervention specialist. You also refer her for a complete evaluation by a developmental specialist.

You schedule a follow-up visit with Claudia and her parents in two months to continue to follow her progress and to ensure that assessments and services are underway.

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- **Maris Rosenberg**, MD, Children’s Hospital at Montefiore, Albert Einstein College of Medicine
Handout I: AAP Screening Guidelines

Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)

1a: Pediatric Patient at Preventive Care Visit
1b: Extra Visit for Autism-Related Concern, ASD Risk Factor, or Other Developmental/Behavioral Concern

2: Perform Surveillance
   Score 1 for Each Risk Factor:
   - Sibling with ASD
   - Parental Concern
   - Other Caregiver Concern
   - Pediatrician Concern

3: What is the Score?
   Score = 2+
   Score = 1
   Score = 0

3a: Is the Patient at Least 18-Months Old?
   Yes
   No

5a: Evaluate Social-Communication Skills
5b: Administer ASD-Specific Screening Tool
5c: Administer ASD-Specific Screening Tool

6a: Are the Results Positive or Concerning?
   Yes
   No

7a: 1. Provide Parental Education
     2. Schedule Extra Visit Within 1 Month
     3. Re-enter Algorithm at 1b

8: 1. Provide Parental Education
    2. Simultaneously Refer for:
       a. Comprehensive ASD Evaluation
       b. Early Intervention/Early Childhood Education Services
       c. Audiologic Evaluation
       3. Schedule Follow-Up Visit
       4. Re-enter Algorithm at 1b

7b: 1. Schedule Next Preventive Visit
    2. Re-enter Algorithm at 1a

Legend
- = Start
- = Action / Process
- = Decision

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Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)

2. Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents’ concerns about their child’s development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings. The concerns of parents, other caregivers, and pediatricians all should be included in determining whether surveillance suggests that the child may be at risk of an ASD. In addition, younger siblings of children with an ASD should also be considered at risk, because they are 10 times more likely to develop symptoms of an ASD than children without a sibling with an ASD. Scoring risk factors will help determine the next steps. (Go to step 3)

For more information on developmental surveillance, see “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (Pediatrics 2006;118:405-420).

3 - Scoring risk factors:
- If the child does not have a sibling with an ASD and there are no concerns from the parents, other caregivers, or pediatrician: Score=0 (Go to step 4)
- If the child has only 1 risk factor, either a sibling with ASD or the concern of a parent, caregiver, or pediatrician: Score=1 (Go to step 3a)
- If the child has 2 or more risk factors: Score=2 (Go to step 4)

Note: In the AAP policy, “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening”, a general developmental screen is recommended at the 9-, 18-, and 24-or 30-month visits and an ASD screening is recommended at the 18-month visit. This clinical report also recommends an ASD screening at the 24-month visit to identify children who may regress after 18 months of age.

4 – In the absence of established risk factors and parental/provider concerns (score=0), a level-1 ASD-specific tool should be administered at the 18- and 24-month visits. (Go to step 5a) If this is not an 18- or 24-month visit, (Go to step 7b).


5a – If the child’s age is <18 months, the pediatrician should use a tool that specifically addresses the clinical characteristics of ASDis, such as those that target social-communication skills. (Go to step 5a)

5b – If the child’s age is ≥18 months, the pediatrician should use an ASD-specific screening tool. (Go to step 6a)

5c – For all children ages 18 or 24 months (regardless of risk factors), the pediatrician should use an ASD-specific screening tool. (Go to step 6b)

6a – When the result of the ASD screening (at 18- and 24-month visits) is positive, Go to step 8

6b – When the result of the ASD screening (at 18- and 24-month visits) is negative, Go to step 7b

7a – If the child demonstrates risk but has a negative screening result, information about ASDs should be provided to parents. The pediatrician should schedule an extra visit within 1 month to address any residual ASD concerns or additional developmental/behavioral concerns after a negative screening result. The child will then re-enter the algorithm at 1b. A “wait-and-see” approach is discouraged. If the only risk factor is a sibling with an ASD, the pediatrician should maintain a higher index of suspicion and address ASD symptoms at each preventive care visit, but an early follow-up within 1 month is not necessary unless a parental concern subsequently arises.

7b – If this is not an 18- or 24-month visit, or when the result of the ASD screening is negative, the pediatrician can inform the parents and schedule the next routine preventive visit. The child will then re-enter the algorithm at 1a.

8 – If the screening result is positive for possible ASD in step 6a or 6b, the pediatrician should provide peer reviewed and/or consensus-developed ASD materials. Because a positive screening result does not determine a diagnosis of ASD, the child should be referred for a comprehensive ASD evaluation, to early intervention/early childhood education services (depending on child’s age), and an audiological evaluation. A categorical diagnosis is not needed to access intervention services. These programs often provide evaluations and other services even before a medical evaluation is complete. A referral to intervention services or school also is indicated when other developmental/behavioral concerns exist, even though the ASD screening result is negative. The child should be scheduled for a follow-up visit and will then re-enter the algorithm at 1b. All communication between the referral sources and the pediatrician should be coordinated.

AAP information for parents about ASDs includes: “Is Your One-Year-Old Communicating with You?”* and “Understanding Autism Spectrum Disorders.”*

*Available at www.aap.org

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## Handout II: Screening Tools Chart

<table>
<thead>
<tr>
<th>Screener</th>
<th>Ages</th>
<th>Format</th>
<th>Items</th>
<th>Time to Complete</th>
<th>Available Languages</th>
<th>Information and Free Downloadable Templates</th>
<th>Scoring Templates and Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist for Autism in Toddlers (CHAT)</td>
<td>18–24 mo+</td>
<td>Interview or questionnaire + observations</td>
<td>Section A: 9 yes/no parent questions, Section B: 5 clinician observations</td>
<td>5 min</td>
<td>English, Dutch, Greek, Persian, Spanish, Swedish</td>
<td><a href="http://autismresearchcentre.com/arc_tests">http://autismresearchcentre.com/arc_tests</a></td>
<td><a href="http://www.ny2aap.org/CHATscoring.pdf">www.ny2aap.org/CHATscoring.pdf</a></td>
</tr>
<tr>
<td>Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)</td>
<td>16–30 mo</td>
<td>Parent-completed questionnaire</td>
<td>20 items</td>
<td>5–10 min</td>
<td>Arabic, Bangla, Chinese, Dutch, French, German, Greek, Gujarati, Icelandic, Japanese, Kannada, Kurdish, Portuguese, Sinhala, Somali, Spanish, Tamil, Turkish, Vietnamese, Urdu</td>
<td><a href="https://www.m-chat.org/about.php">https://www.m-chat.org/about.php</a></td>
<td><a href="https://www.m-chat.org/_references/mchatdotorg.pdf">https://www.m-chat.org/_references/mchatdotorg.pdf</a></td>
</tr>
<tr>
<td>Screening Tool for Autism in 2-Year Olds (STAT)</td>
<td>24–36 mo</td>
<td>Screener is administered by trained examiners</td>
<td>12 activities that look at play, imitation, communication</td>
<td>20 min</td>
<td>not applicable</td>
<td><a href="http://kc.vanderbilt.edu/triad/training/page.aspx?id=821">http://kc.vanderbilt.edu/triad/training/page.aspx?id=821</a></td>
<td></td>
</tr>
</tbody>
</table>
Screening for Autism Spectrum Disorder

Screening Tools Chart References

**Overall**


**CHAT**


**CAST**


**M-CHAT-R/F™**


Robins DL. M-CHAT Information. http://www2.gsu.edu/~psydlr/Diana_L._Robins,_Ph.D..html

**PDDST-II**

Suggested Citation: Scharf RJ. Sia JH, Pappas D, Rosenberg M. Screening Tools Chart. Developed for the Autism Case Training A Development-Behavioral Pediatrics Curriculum. 2011.
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 (DianaRobins@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.

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### M-CHAT-R™

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If you point at something across the room, does your child look at it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Have you ever wondered if your child might be deaf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Does your child play pretend or make-believe? <em>(FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Does your child like climbing on things? <em>(FOR EXAMPLE, furniture, playground equipment, or stairs)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Does your child make unusual finger movements near his or her eyes? <em>(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Does your child point with one finger to ask for something or to get help? <em>(FOR EXAMPLE, pointing to a snack or toy that is out of reach)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Does your child point with one finger to show you something interesting? <em>(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Is your child interested in other children? <em>(FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<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? <em>(FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Does your child respond when you call his or her name? <em>(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?)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. When you smile at your child, does he or she smile back at you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Does your child get upset by everyday noises? <em>(FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)</em></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>13. Does your child walk?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
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<td>15. Does your child try to copy what you do? <em>(FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. If you turn your head to look at something, does your child look around to see what you are looking at?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>17. Does your child try to get you to watch him or her? <em>(FOR EXAMPLE, does your child look at you for praise, or say “look” or “watch me”?)</em></td>
<td>Yes</td>
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<td>18. Does your child understand when you tell him or her to do something? <em>(FOR EXAMPLE, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)</em></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>19. If something new happens, does your child look at your face to see how you feel about it? <em>(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?)</em></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>20. Does your child like movement activities? <em>(FOR EXAMPLE, being swung or bounced on your knee)</em></td>
<td>Yes</td>
<td>No</td>
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</table>
**Handout IV: M-CHAT-R for Matthew**

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.

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# Handout V: M-CHAT-R Form for Claudia

<table>
<thead>
<tr>
<th>M-CHAT-R™</th>
<th>CLAUDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <strong>yes</strong> or <strong>no</strong> for every question. Thank you very much.</td>
<td></td>
</tr>
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## Handout VI: M-CHAT-R Scoring Instructions

<table>
<thead>
<tr>
<th>Question</th>
<th>Failed Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
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<tr>
<td>4</td>
<td>No</td>
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<td>5</td>
<td>Yes</td>
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<td>6</td>
<td>No</td>
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<td>7</td>
<td>No</td>
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<td>8</td>
<td>No</td>
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<td>9</td>
<td>No</td>
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<td>10</td>
<td>No</td>
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<td>11</td>
<td>No</td>
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<td>12</td>
<td>Yes</td>
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<td>13</td>
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<td>18</td>
<td>No</td>
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<tr>
<td>19</td>
<td>No</td>
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<tr>
<td>20</td>
<td>No</td>
</tr>
</tbody>
</table>
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 answerer 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

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Total Score: ________

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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.)

**PASS** examples
- Looks at object
- Points to object
- Looks and comments on object
- Looks if parent points and says "look!"

**FAIL** examples
- Ignores parent
- Looks around room randomly
- Looks at parent’s finger

**Yes** only to **PASS** example(s)

**PASS**

Yes to examples both from **PASS** and **FAIL**

Which one does he/she do most often?

Most often is **PASS** example

**PASS**

Most often is **FAIL** example

**FAIL**

**No**

If you point at something, what does your child typically do?

**FAIL** examples
- Ignores parent
- Looks around room randomly
- Looks at parent’s finger

**Yes** only to **FAIL** example(s)

**FAIL**

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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 □No
- often ignore people? □Yes □No

**Flowchart:**
- If No to both: PASS
- If Yes to either: FAIL

**Has your child’s hearing been tested?**
- If Yes: 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...

- Present to drink from a toy cup?
- Pretend to eat from a toy spoon or fork?
- Pretend to talk on the telephone?
- Pretend to feed a doll or stuffed animal with real or imaginary food?
- Push a car as if it is going along a pretend road?
- Pretend to be a robot, an airplane, a ballerina, or any other favorite character?
- Put a toy pot on a pretend stove?
- Stir imaginary food?
- Put an action figure or doll into a car or truck as if it is the driver or passenger?
- Pretend to vacuum the rug, sweep the floor, or the mow lawn?
- Other (describe)

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

Yes to any

PASS

No to all

FAIL

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4. Does ______ like climbing on things?

Yes

No

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

Does he/she enjoy climbing on...

- Stairs? Yes □ No □
- Chairs? Yes □ No □
- Furniture? Yes □ No □
- Playground equipment? 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

---

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

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

**Yes** to any of the above

---

**No** to all of the above

PASS

---

**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)  

---

**Yes** to any of the above

Does this happen more than twice a week?

**Yes**

FAIL

---

**No**

PASS

---

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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

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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**
    - **Yes**
      - Does your child ever want you to see something interesting such as…?
        - An airplane in the sky? Yes □ No □
        - A truck on the road? Yes □ No □
        - A bug on the ground? Yes □ No □
        - An animal in the yard? Yes □ No □
      - **No**
        - How does your child draw your attention to it? Would he/she point with one finger?
          - **Yes**
            - **No**
              - Is this to show their interest, not to get help?
                - **Yes**
                  - **No**
                    - FAIL
                - **No**
                  - FAIL
            - **FAIL**
          - **FAIL**
    - **FAIL**
  - **Yes OR both to show interest and to get help**
  - PASS

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8. Is __________ interested in other children?

- **Yes**
  - Is he/she interested in children who are not his/her brother or sister?
    - **Yes**
    - **No**
      - **PASS**
    - **No**

- **No**
  - When you are at the playground or supermarket, does your child usually respond to other children?
    - **Yes**
    - **No**
      - **FAIL**

**Does your child…**

- Play with another child? [Yes ☐ No ☐]
- Talk to another child? [Yes ☐ No ☐]
- Babble or make vocal noises? [Yes ☐ No ☐]
- Watch another child? [Yes ☐ No ☐]
- Smile at another child? [Yes ☐ No ☐]
- Act shy at first but then smile? [Yes ☐ No ☐]
- Get excited about another child? [Yes ☐ No ☐]

- **Yes** to any of the above
  - Does he/she respond to other children more than half of the time?
    - **Yes**
    - **No**
      - **PASS**
      - **FAIL**

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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?
- A drawing he/she has done?
- A flower he/she has picked?
- A bug he/she has found in the grass?
- A few blocks he/she has put together?
- Other (describe):

________

Yes to any of the above

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

Yes

No

PASS

No to all of the above

FAIL

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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.)

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.)

No

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

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 PASS example(s).

Yes to both PASS and FAIL examples

Which one does he/she do most often?

PASS response

PASS

FAIL response

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

- **Yes**
  - **PASS**
  - What makes ___________ smile? (If parent does not give a PASS example below, ask each individually.)

- **No**
  - **FAIL**

**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)**

**Yes to both PASS and FAIL examples**

Which one does he/she do most often?

- **PASS**
- **FAIL**

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12. Does _______ get upset by everyday noises?

Yes

No

PASS

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 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? Yes □ No □
- Other (describe): Yes □ No □

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

- Calmly cover his/her ears? Yes □ No □
- Tell you that he/she does not like the noise? Yes □ No □

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 □

Which one does he/she do most often?

PASS

FAIL

PASS response

FAIL response

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13. Does ________ walk?

**Yes**

Does he/she walk without holding on to anything?

**Yes**

PASS

**No**

FAIL

**No**

FAIL

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

Yes

Please give me an example of when he/she looks you in the eye. (If parent does not give a PASS example below, ask each individually.)

No

**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 ☐

Yes to two or more

PASS

Yes only to one

No to all

**Does your child look you in the eye every day?**

Yes

No

FAIL

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

Yes

FAIL

No
15. Does ________ try to copy what you do?

Yes

No

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.)

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

- Stick out your tongue? Yes □ No □
- Make a funny sound? Yes □ No □
- Wave good bye? Yes □ No □
- Clap your hands? Yes □ No □
- Put your fingers to your lips to signal “Shhh”? Yes □ No □
- Blow a kiss? Yes □ No □
- Other (describe): Yes □ No □

Yes to two or more

PASS

Yes to one or none

FAIL

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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 ☐

**Does you child…**
(Below are FAIL responses)

- Ignore you? Yes ☐ No ☐
- Look at your face? Yes ☐ No ☐

**Yes only to PASS example(s)**
- PASS

**Yes only to FAIL example(s)**
- FAIL

**Yes to both PASS and FAIL responses**
- Which one does he/she do most often?

- PASS response
- FAIL response
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 to any

PASS

Yes to none

FAIL

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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 does not indicate 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

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 ☐

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?

Yes

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 ☐

No

FAIL

FAIL

No to all

PASS

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

Yes

PASS

No

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

Yes

PASS

No

Does your child look at you when someone new approaches?

Yes

PASS

No

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

Yes

PASS

No

FAIL

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20. Does ________ like movement activities?

Yes

Does he/she enjoy being bounced or swung?

Yes

No

PASS

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

No

PASS

FAIL

Does your child...

Laugh or smile? Yes ☐ No ☐
Talk or babble? Yes ☐ No ☐
Request more by holding out his/her arms? Yes ☐ No ☐
Other (describe): Yes ☐ No ☐

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

PASS

No to all

FAIL

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### M-CHAT-R Follow-Up™ Scoring Sheet

**Matthew**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td><em>(For Example, if you point at a toy or an animal, does your child look at the toy or animal?)</em></td>
<td></td>
<td></td>
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<td>2. Have you ever wondered if your child might be deaf?</td>
<td></td>
<td></td>
</tr>
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<td><em>(For Example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal)</em></td>
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<td>3. Does your child play pretend or make-believe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(originally failed)</em></td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>4. Does your child like climbing on things?</td>
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<tr>
<td><em>(For Example, furniture, playground equipment, or stairs)</em></td>
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<td>5. Does your child make unusual finger movements near his or her eyes?</td>
<td></td>
<td></td>
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<tr>
<td><em>(For Example, does your child wiggle his or her fingers close to his or her eyes?)</em></td>
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<td>6. Does your child point with one finger to ask for something or to get help?</td>
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<td><em>(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?)</em></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><em>(originally failed)</em></td>
<td>Pass</td>
<td>Fail</td>
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<td>19. If something new happens, does your child look at your face to see how you feel about it?</td>
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<tr>
<td><em>(originally failed)</em></td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>20. Does your child like movement activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(For Example, being swung or bounced on your knee)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Matthew screens negative on Follow-Up because he does not fail 2 items or more.

Total Score: 0

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3. Does **MATTHEW** 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...**
  
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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<tr>
<td>Pretend to eat from a toy spoon or fork?</td>
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<td>Pretend to talk on the telephone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretend to feed a doll or stuffed animal with real or imaginary food?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Push a car as if it is going along a pretend road?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Pretend to be a robot, an airplane, a ballerina, or any other favorite character?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Put a toy pot on a pretend stove?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Stir imaginary food?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Put an action figure or doll into a car or truck as if it is the driver or passenger?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Pretend to vacuum the rug, sweep the floor, or the mow lawn?</td>
<td>Yes</td>
<td>No ✓</td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Yes** to any ✓
  - **PASS**

- **No** to all
  - **FAIL**

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

- Yes
  - Please give me an example of when he/she looks you in the eye. (If parent does not give a PASS example below, ask each individually.)
  - Yes
    - PASS
  - No
    - 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
  - Does your child look you in the eye every day?
    - Yes
      - No to all
    - No
      - On a day when you are together all day, does he/she look you in the eye at least 5 times?
        - Yes
          - FAIL
        - No
          - PASS

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Screening for Autism Spectrum Disorder

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

- **Yes ✓**
  - **PASS**

- **No**
  - If your child hears a strange or scary noise, will he/she look at you *before* responding?
    - **Yes**
      - **PASS**
    - **No**
      - Does your child *look at you* when someone new approaches?
        - **Yes**
          - **PASS**
        - **No**
          - Does your child *look at you* when he/she is faced with something unfamiliar or a little scary?
            - **Yes**
              - **PASS**
            - **No**
              - **FAIL**

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Handout IX: M-CHAT-R Follow-Up Interview for Claudia

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? (originally unsure)  
   Pass Fail

3. Does your child play pretend or make-believe? (originally failed)  
   (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 unusual 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) (originally failed)  
   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) (originally failed)  
   Pass Fail

8. Is your child interested in other children? (originally failed)  
   (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? (originally failed)  
   (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? (originally failed)  
    (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? (originally failed)  
    Pass Fail

15. Does your child try to copy what you do? (originally failed)  
    (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”) (originally failed)  
    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?)  
    (originally unsure)  
    Pass Fail

20. Does your child like movement activities?  
    (FOR EXAMPLE, being swung or bounced on your knee)  
    Pass Fail

Claudia screens positive on Follow-Up because she fails 2 items or more.  
Total Score: 10

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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

Yes to either
- FAIL

Has your child’s hearing been tested?

ALSO ASK FOR ALL CHILDREN:

Yes ☑ No ☒

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 CLAUDIA 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...

Present 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 to any

PASS

No to all ☑

FAIL

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

Yes  No

PASS

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  No to all of the above ✔

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

Yes  No

PASS

FAIL

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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? Yes ☑ No ☒
- A truck on the road? Yes ☑ No ☒
- A bug on the ground? Yes ☑ No ☒
- An animal in the yard? 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?

No

FAIL

No

FAIL

Yes OR both to show interest and to get help

PASS

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8. Is **CLAUDIA** interested in other children?

   **Yes**

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

   **Yes**

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

   **Yes**

   **PASS**

   **No**

   **FAIL**

   **No**

   When you are at the playground or supermarket, does your child usually respond to other children?

   **Yes**

   **No**

   **FAIL**

   **No to all of the above**

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9. Does **CLAUDIA** 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] [No]

---

**Yes** to any of the above

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

**Yes**

PASS

**No**

FAIL

**No** to all of the above

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10. Does **CLAUDIA** 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.)*

**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...**
*(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** ✓

**FAIL**

**Does he/she...**
*(below 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).**

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

- **Yes ✓**
  - Please give me an example of when he/she looks you in the eye. *(If parent does not give a PASS example below, ask each individually.)*
  - **Yes**
  - **No**
  - PASS

- **No**
  - Does he/she look you in the eye...
    - When he/she needs something?
    - When you are playing with him/her?
    - During feeding?
    - During diaper changes?
    - When you are reading him/her a story?
    - When you are talking to him/her?
      - Yes ✓ No □
      - Yes □ No ✓
      - Yes ✓ No □
      - Yes □ No ✓
      - Yes □ No □
      - Yes ✓ No □

- **Yes** to two or more
  - PASS

- **Yes** only to one
  - Does your child look you in the eye every day?
    - Yes ✓ No □
    - Yes □ No ✓
    - Yes ✓ No □
    - Yes □ No ✓

- **No** to all
  - On a day when you are together all day, does he/she look you in the eye at least 5 times?
    - Yes ✓ No □
    - Yes □ No ✓
  - FAIL

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15. Does CLAUDIA try to copy what you do?

Yes

No ✔

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.)

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

| Stick out your tongue? | Yes ☐ No ☑ |
| Make a funny sound? | Yes ☑ No ☐ |
| Wave good bye? | Yes ☐ No ☑ |
| Clap your hands? | Yes ☑ No ☐ |
| Put your fingers to your lips to signal "Shhh"? | Yes ☑ No ☐ |
| Blow a kiss? | Yes ☑ No ☐ |
| Other (describe): | Yes ☑ No ☐ |

Yes to two or more ✔

PASS

Yes to one or none ✔

FAIL

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18. Does **Claudia** 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

If example does not indicate 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?

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 ☐

No

FAIL

Yes

PASS

No to all

Yes to any

FAIL

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

- **Yes**
  - PASS

- **No ✓**
  - If your child hears a strange or scary noise, will he/she look at you **before** responding?
    - **Yes**
      - PASS
    - **No ✓**
      - Does your child **look at you** when someone new approaches?
        - **Yes**
          - Does your child **look at you** when he/she is faced with something unfamiliar or a little scary?
            - **Yes**
              - PASS
            - **No ✓**
              - FAIL
        - **No ✓**
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References


