

Child's name _____ Age _____ Relationship to child _____ Date ____/____/____

M-CHAT-R (Modified Checklist for Autism in Toddlers Revised)

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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|---|-------------------|
| 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?)
Czy dziecko spojrzy na wskazany przez Ciebie obiekt, znajdujący się w drugiej części pokoju? | Yes No
Tak Nie |
| 2. Have you ever wondered if your child might be deaf?
Czy kiedykolwiek martwiło Cię, że twoje dziecko jest głuche? | Yes No
Tak Nie |
| 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?)
Czy dziecko bawi się w udawanie? np. rozmawia przez telefon, karmi lalke, czy misia. | Yes No
Tak Nie |
| 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)
Czy dziecko lubi się wspinać? np. meble, drabinki na placu zabaw, schody. | Yes No
Tak Nie |
| 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?)
Czy dziecko dziwnie porusza/wygina palcami w pobliżu swojej twarzy? | Yes No
Tak Nie |
| 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)
Czy dziecko wskazuje palcem na rzeczy, o które prosi? | Yes No
Tak Nie |
| 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)
Czy dziecko wskazuje palcem na coś, co je interesuje? np. amolot na niebie. | Yes No
Tak Nie |
| 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)
Czy dziecko bawi/interesuje się innymi dziećmi? | Yes No
Tak Nie |
| 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)
Czy dziecko pokazuje/przynosi Ci rzeczy, którymi jest zainteresowane? | Yes No
Tak Nie |
| 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?)
Czy dziecko reaguje na swoje imię? | Yes No
Tak Nie |
| 11. When you smile at your child, does he or she smile back at you?
Jeśli uśmiechniesz się do swojego dziecka- czy ono również uśmiechnie się do Ciebie? | Yes No
Tak Nie |
| 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?)
Czy dziecko jest nadwrażliwe na codzienne dźwięki (odkurzanie, muzyka)? | Yes No
Tak Nie |
| 13. Does your child walk?
Czy dziecko chodzi? | Yes No
Tak Nie |
| 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?
Czy dziecko patrzy Ci w oczy, gdy się z nim bawisz? | Yes No
Tak Nie |
| 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)
Czy dziecko naśladuje twoje zachowania? Np. pa-pa, klaskanie | Yes No
Tak Nie |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at?
Gdy odwracasz głowę, żeby coś zobaczyć- czy dziecko również popatrzy tam gdzie ty? | Yes No
Tak Nie |
| 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"?)
Czy dziecko oczekuje twojej uwagi/akceptacji Np. Chce pochwały lub nagrody. | Yes No
Tak Nie |
| 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"?)
Czy dziecko rozumie/potrafi wykonać twoje polecenia? | Yes No
Tak Nie |
| 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?)
Czy dziecko patrzy na twoją reakcję, gdy znajduje się w nieznanym sytuacji? | Yes No
Tak Nie |
| 20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)
Czy dziecko lubi być bujane na huśtawce lub podrzucane na kolanach? | Yes No
Tak Nie |

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.