

Pinecone Pediatrics

M-Chat

Child's name	Date of birth	Today's date
Filled out by	Relationship to child	

The M-Chat questionnaire is a screening tool used to assist our physicians in assessing and reporting the development of your child, specifically for the diagnosis of Autism. The AAP recommends autistic developmental testing at 18 month, 2 year and 2 1/2 year physical. This screening is a billed service and this may or may not be covered by your insurance plan. As stated in our financial policy, you recognize and accept responsibility for services rendered regardless of insurance coverage. This includes, but is not limited to co-insurance, co-payment, deductible, and non-covered services. **Initial** _____

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (you've seen it only once or twice), please answer as if the child does not do it.	
1 Does our child enjoy being swung, bounced on your knee, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Does your child take an interest in other children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Does your child like climbing on things, such as up stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Does your child ever use his/her index finger to point, to ask for something?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Does your child ever use his/her index finger to point, to indicate interest in something?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 Can your child play properly with small toys (e.g., cars or bricks) without just mouthing, fiddling or dropping them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Does your child ever bring objects over to you (parent) to show you something?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10 Does your child look you in the eye for more than a second or two?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11 Does your child ever seem oversensitive to noise (e.g., plugging ears)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12 Does your child smile in response to your face or your smile?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13 Does your child imitate you (e.g., you make a face; will your child imitate it)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14 Does your child respond to his/her name when you call?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15 If you point at a toy across the room, does your child look at it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16 Does your child walk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17 Does your child look at things you are looking at?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18 Does your child make unusual finger movements near his/her face?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19 Does your child try to attract you to his/her own activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20 Have you ever wondered if your child is deaf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21 Does your child understand what people say?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22 Does your child sometimes stare at nothing or wander with no purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23 Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes <input type="checkbox"/> No <input type="checkbox"/>