## **Supplemental Information**

#### Instructions and Permissions for Use of the M-CHAT

The Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999) is available for free download for clinical, research, and educational purposes. There are two authorized websites: the M-CHAT and supplemental materials can be downloaded from www.firstsigns.org or from Dr. Robins' website, at http://www.mchatscreen.com

Users should be aware that the M-CHAT continues to be studied, and may be revised in the future. Any revisions will be posted to the two websites noted above.

Furthermore, the M-CHAT is a copyrighted instrument, and use of the M-CHAT must follow these guidelines:

- (1) Reprints/reproductions of the M-CHAT must include the copyright at the bottom (© 1999 Robins, Fein, & Barton). No modifications can be made to items, instructions, or item order without permission from the authors.
- (2) The M-CHAT must be used in its entirety. There is no evidence that using a subset of items will be valid.
- (3) Parties interested in reproducing the M-CHAT 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 (<a href="mailto:drobins@gsu.edu">drobins@gsu.edu</a>).
- (4) If you are part of a medical practice, and you want to incorporate the M-CHAT 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 <u>Diana Robins</u> to request permission.

#### Instructions for Use

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT can be administered and scored as part of a well-child check-up, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT was 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 for ASD will be diagnosed with ASD. To address this, we have developed a structured follow-up interview for use in conjunction with the M-CHAT; it is available at the two websites listed above. Users should be aware that even with the follow-up questions, a significant number of the children who fail the M-CHAT will not be diagnosed with an ASD; however, these children are at risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who fails the screening.

The M-CHAT can be scored in less than two minutes. Scoring instructions can be downloaded from <a href="http://www.mchatscreen.com">http://www.mchatscreen.com</a> or www.firstsigns.org. We also have developed a scoring template, which is available on these websites; when printed on an overhead transparency and laid over the completed M-CHAT, it facilitates scoring. Please note that minor differences in printers may cause your scoring template not to line up exactly with the printed M-CHAT.

Children who fail 3 or more items total or 2 or more critical items (particularly if these scores remain elevated after the M-CHAT Follow-up Interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children. In addition, children for whom there are physician, parent, or other professional's concerns about ASD should be referred for evaluation, given that it is unlikely for any screening instrument to have 100% sensitivity.

### M-CHAT

Please fill out the following about your child's usual behavior, and try to answer every question. If the behavior is rare (you've only seen it once or twice), please answer as if your child does *not* do it.

1.	Does your child enjoy being swung, bounced on your knee, etc.?	Yes	No
2.	Does your child take an interest in other children?	Yes	No
3.	Does your child like climbing on things, such as up stairs?	Yes	No
4.	Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes	No
5.	Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	Yes	No
6.	Does your child ever use his/her index finger to point, to ask for something?	Yes	No
7.	Does your child ever use his/her index finger to point, to indicate interest in something?	Yes	No
8.	Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?	Yes	No
9.	Does your child ever bring objects over to you (parent) to show you something?	Yes	No
10.	Does your child look you in the eye for more than a second or two?	Yes	No
11.	Does your child ever seem oversensitive to noise? (e.g., plugging ears)	Yes	No
12.	Does your child smile in response to your face or your smile?	Yes	No
13.	Does your child imitate you? (e.g., you make a face-will your child imitate it?)	Yes	No
14.	Does your child respond to his/her name when you call?	Yes	No
15.	If you point at a toy across the room, does your child look at it?	Yes	No
16.	Does your child walk?	Yes	No
17.	Does your child look at things you are looking at?	Yes	No
18.	Does your child make unusual finger movements near his/her face?	Yes	No
19.	Does your child try to attract your attention to his/her own activity?	Yes	No
20.	Have you ever wondered if your child is deaf?	Yes	No
21.	Does your child understand what people say?	Yes	No
22.	Does your child sometimes stare at nothing or wander with no purpose?	Yes	No
23.	Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes	No

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# Modified Checklist for Autism in Toddlers (M-CHAT) Follow-Up Interview

\*\*May be used for research or clinical purposes, but please do not post on a website; instead you may post a link to www.mchatscreen.com\*\*

Reference to use if you cite the M-CHAT FUI in research:

Robins, D.L., Fein, D., & Barton, M.L. (1999). Follow-up Interview for the Modified Checklist for Autism in Toddlers (M-CHAT FUI). Self-published.

Acknowledgement: We thank Joaquin Fuentes, M.D. for his work in developing the flow chart format used in this interview.

The M-CHAT Follow-Up Interview can be downloaded free of charge from http://www.mchatscreen.com

For more information, please contact Deborah Fein (deborah.fein@uconn.edu) or Diana Robins (drobins@gsu.edu)

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#### Instructions for the M-CHAT Follow-Up Interview

Select items based on M-CHAT scores. Administer only those items for which the parent indicated behavior that demonstrates risk for autism spectrum disorders (ASDs), meaning that the item was failed, and/or those which the healthcare provider has concerns may not have been answered accurately.

Note: Only a small number of children whose total score is ≥10 will have a Follow-up Interview score that does not warrant referrals for evaluation and intervention. Providers may opt to bypass the Follow-up Interview when the M-CHAT total score is 10 or greater, and immediately refer the child for diagnostic evaluation and early intervention services.

Score the M-CHAT Follow-up Interview items in the same manner as the M-CHAT. If an item is failed, it indicates risk for ASDs. Failure of two critical items (items 2, 7, 9, 13, 14, 15) or any three total warrants referral to a specialist. Please note that screening positive on the Follow-up Interview does not diagnose ASDs; it indicates increased risk for ASDs.

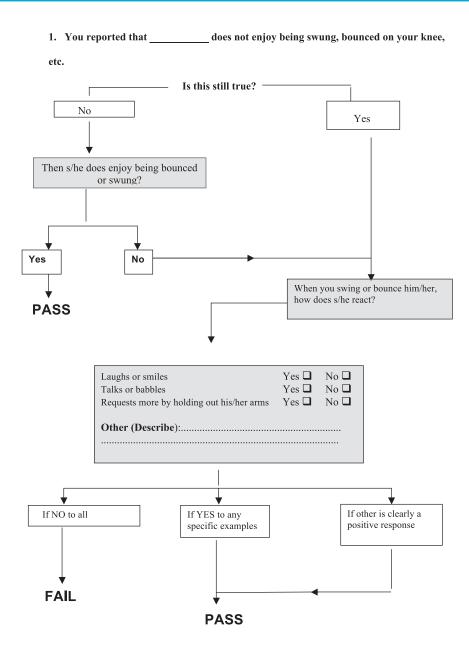
Please note that if the healthcare provider has concerns about ASDs, children should be referred to a specialist regardless of the score on the M-CHAT or M-CHAT Follow-up Interview.

Please use the following M-CHAT page to record the scores after the interview is completed.

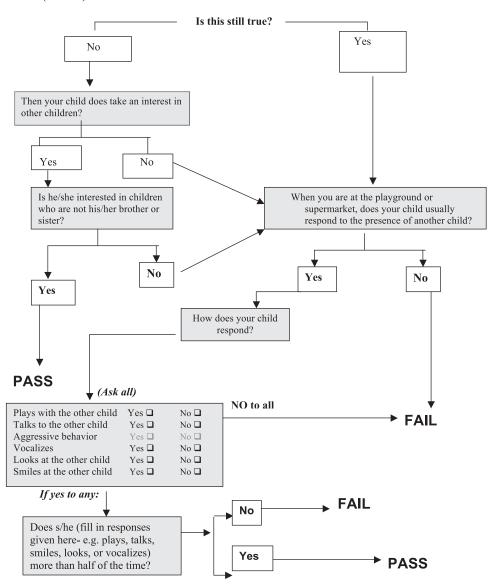
### M-CHAT

Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of "Yes" indicates risk for autism (11, 18, 20, 22) are noted by the word

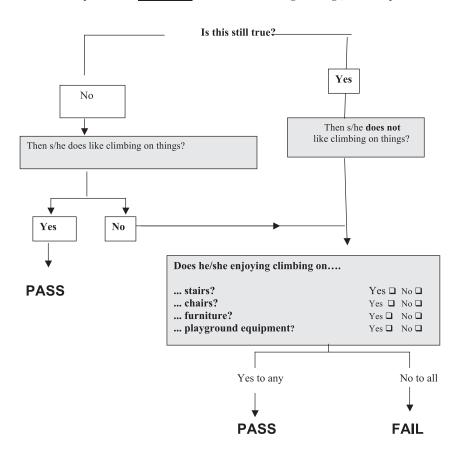
Yes	No
Yes	No
1 65	
Yes	No
Yes	No No
Yes Yes	No No
	Yes

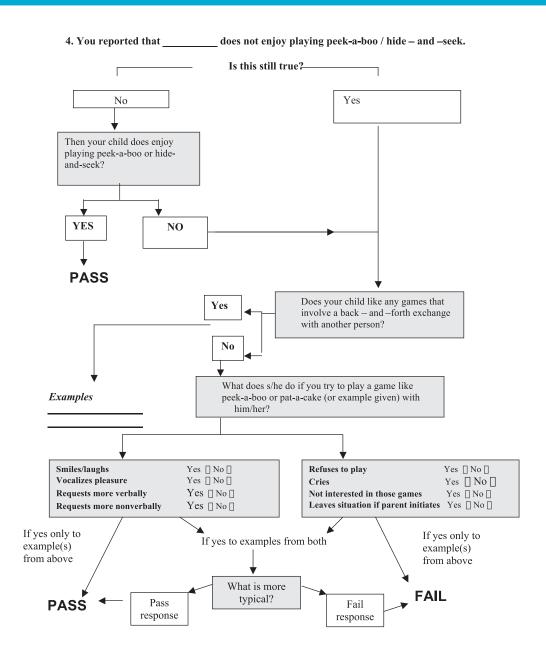


# 2. You reported that \_\_\_\_\_\_ does not take an interest in other children. (Critical)



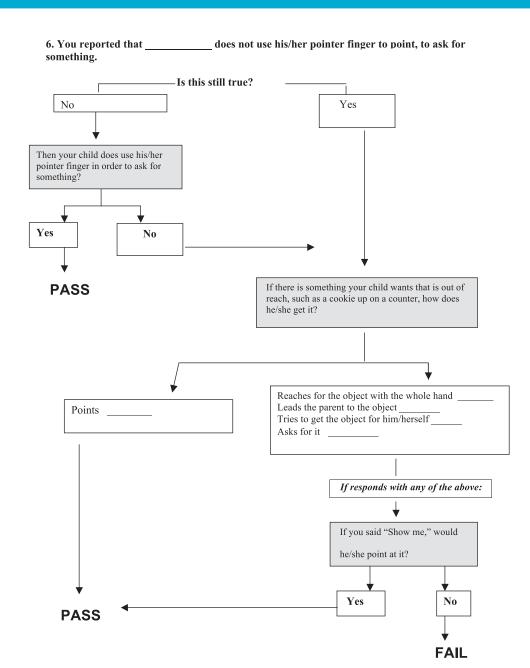
3. You reported that \_\_\_\_\_\_ does not like climbing on things, such as up stairs.





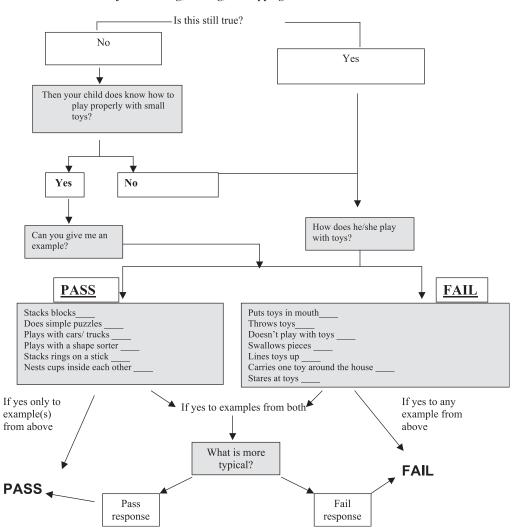
or take care of dolls, or pretend other things. Is this still true? No Yes Then your child does pretend play? Yes No Can you give me Does he/she ever play make believe? Can you give me Yes an example? an example? If parent gives any examples If no, ask examples individually listed, it is a pass. Push a car on a pretend road \_ Pretend to be a robot, an airplane, a ballerina, or any other favorite character Does he/ she put a toy pot on stove or Put an action figure or doll into a toy car or stir imaginary food?\_ Pretend to vacuum or mow lawn Pretend to talk on the telephone Feed self with a toy spoon or empty cup\_ Feed a doll with real or imaginary food?\_ If parent gave any example If parent did not give listed: any example listed

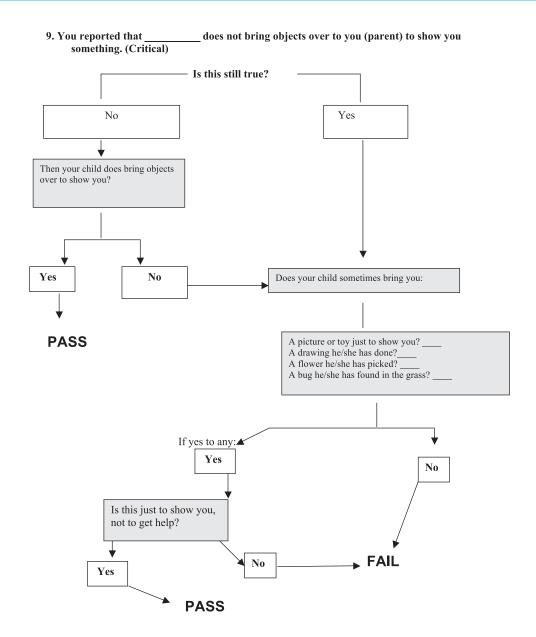
**PASS** 



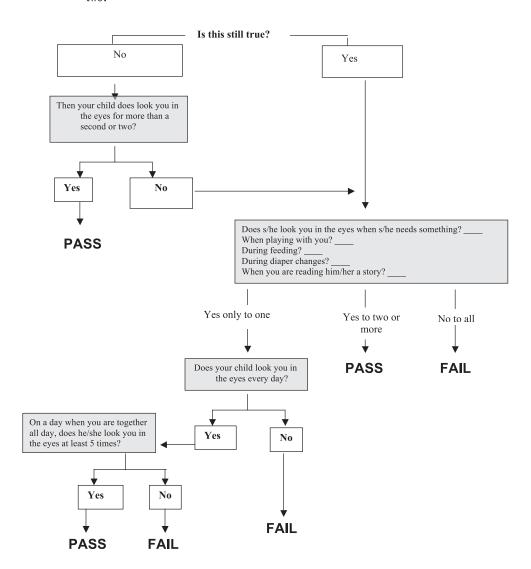
### 7. You reported that does not use his/her pointer finger to point, to indicate interest in something. (Critical) Is this still true? Yes No Then your child does use his/her pointer finger in order to point to indicate interest in something? Yes No Does your child ever want you to see something interesting such as..... **PASS** ...an airplane in the sky ...a truck on the road ...a bug on the ground ...an animal in the yard If Yes: How does your child draw your attention to it? Would he/she point with his/her pointer finger? No Yes Is this to indicate **FAIL** interest, not to get help? No ► FAIL Yes A PASS

# 8. You reported that \_\_\_\_\_does not play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them.

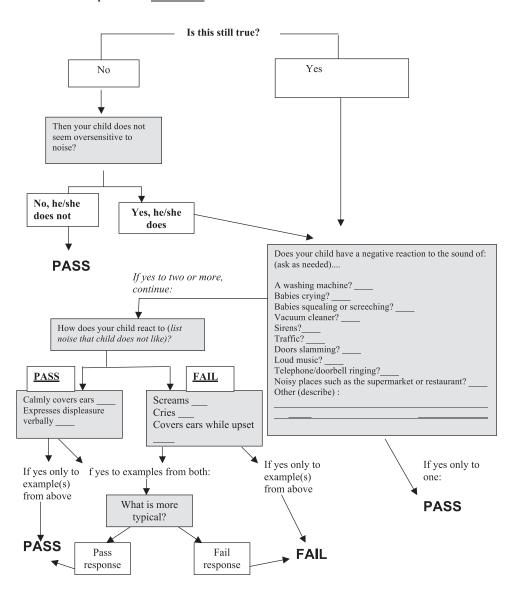




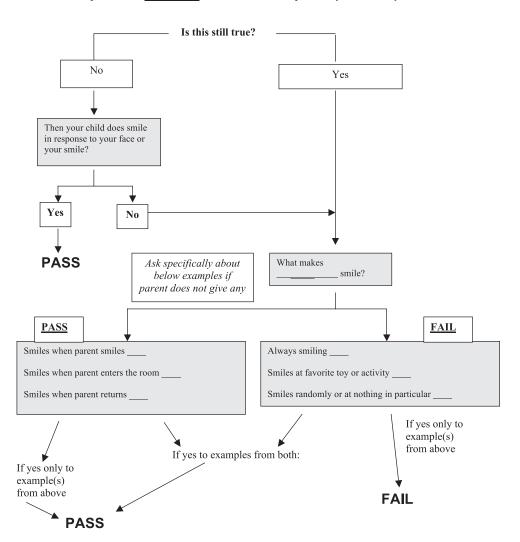
### 10. You reported that \_\_\_\_\_\_ does not look you in the eye for more than a second or

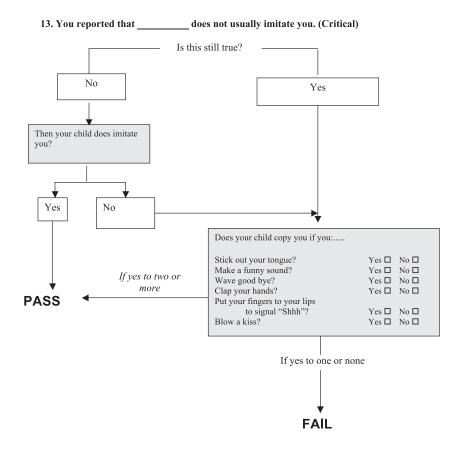


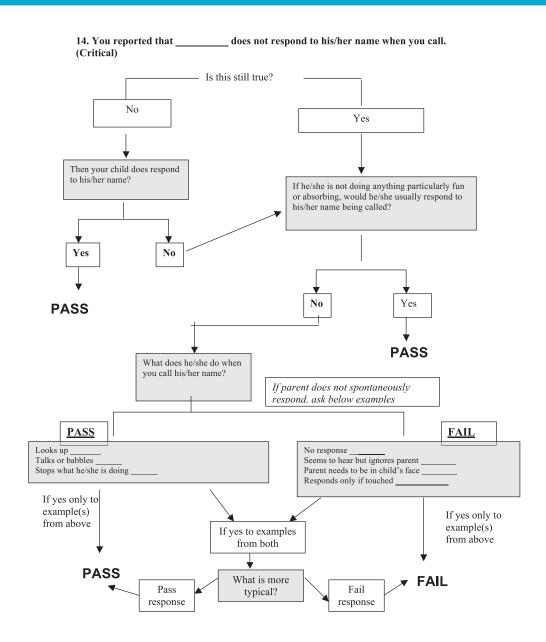
#### 11. You reported that \_\_\_\_\_\_ sometimes seems oversensitive to noise.



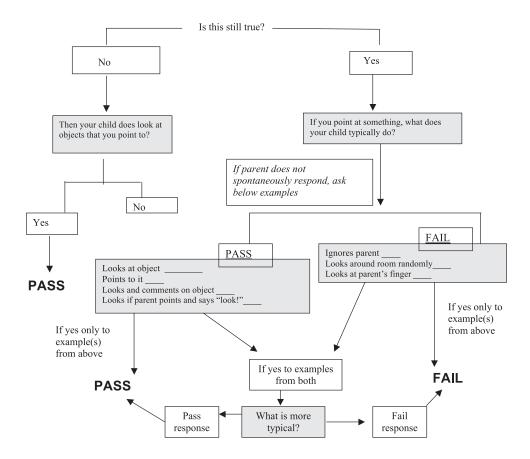
### 12. You reported that \_\_\_\_\_\_ does not smile in response to your face or your smile.



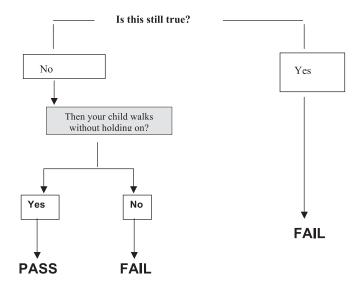




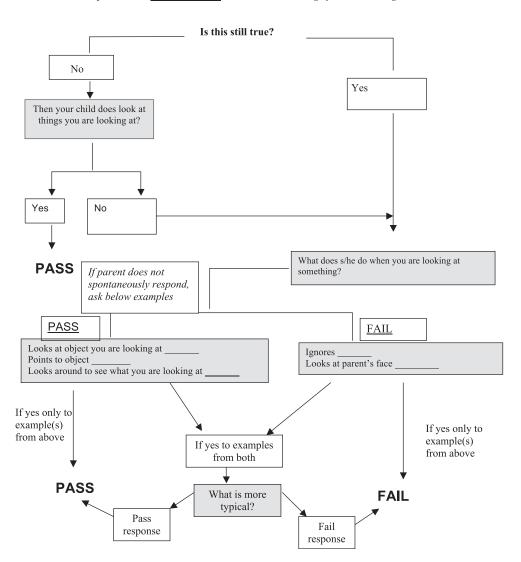
### 15. You reported that if you point at a toy across the room, \_\_\_\_\_ does not look at it. (Critical)

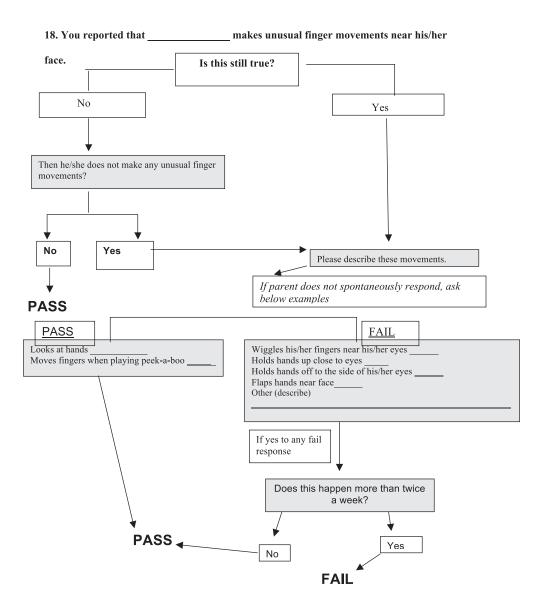


### ${\bf 16.\ You\ reported\ that\ your\ child\ does\ not\ walk.}$

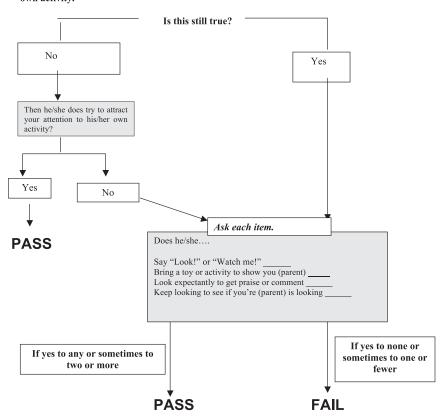


### 17. You reported that \_\_\_\_\_\_does not look at things you are looking at.

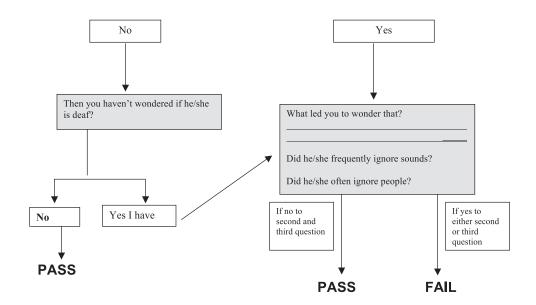




19. You reported that \_\_\_\_\_\_ does not try to attract your attention to his/her own activity.



### 20. Have you wondered if your child is deaf?



#### Ask all parents:

Has your child's hearing been tested? If YES, what were the results?

Note results \_\_\_\_\_ Hearing impaired \_\_\_\_\_\_ Hearing in normal range

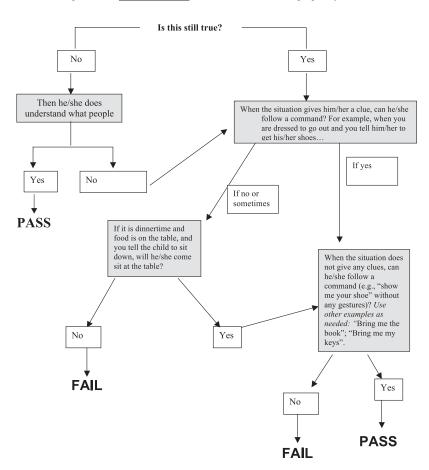
If hearing is impaired > PASS

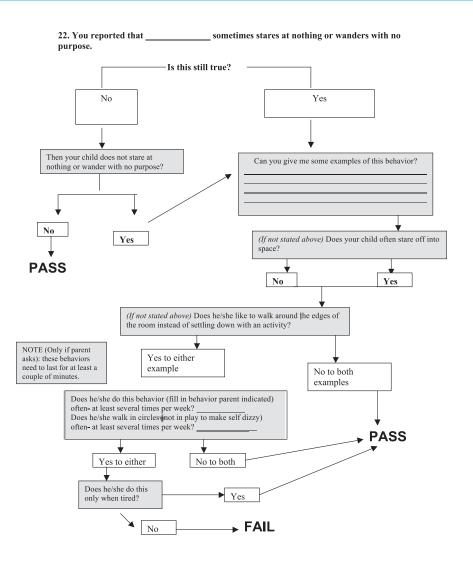
Note: If parents report that they wondered about their child's hearing only as part of a routine

checkup > PASS

Note: Regardless of hearing test results, if child ignores sounds or people > FAIL

### 21. You reported that \_\_\_\_\_\_ does not understand what people say?





23. You reported that \_\_\_\_\_\_ does not usually look at your face to check your reaction when faced with something unfamiliar and a little scary.

