

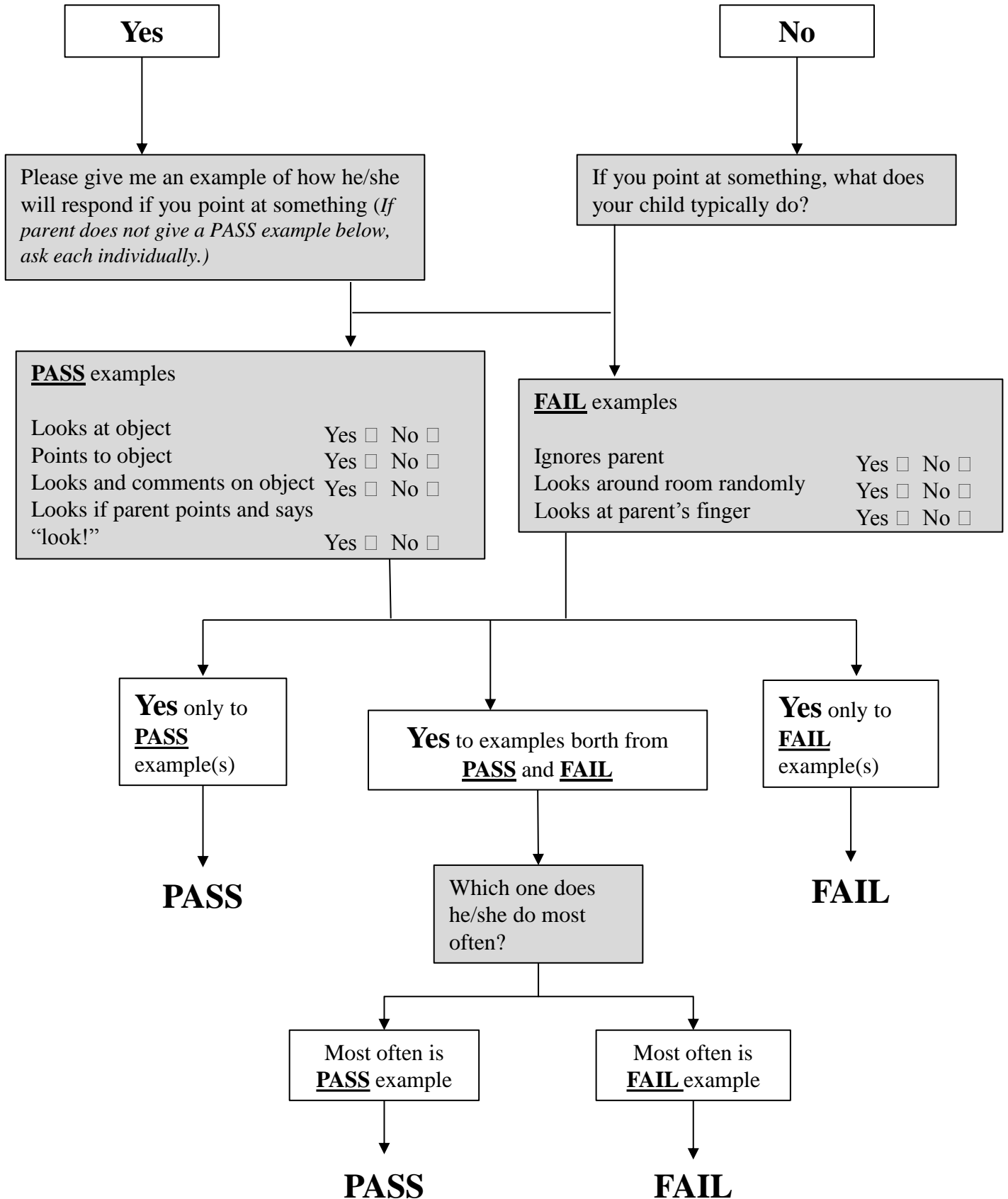
M-CHAT-R Follow-Up™ Scoring Sheet

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?	Pass	Fail
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)	Pass	Fail
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Pass	Fail
5. Does your child make <u>unusual</u> 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)	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)	Pass	Fail
8. Is your child interested in other children? (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? (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? (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?	Pass	Fail
15. Does your child try to copy what you do? (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”)	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?)	Pass	Fail
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Pass	Fail

Total Score: _____

1. If you point at something across the room, does _____ look at it?



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 <input type="checkbox"/> No <input type="checkbox"/>
often ignore people?	Yes <input type="checkbox"/> No <input type="checkbox"/>

No to both

Yes to either

PASS

FAIL

Has your child's hearing been tested?

Yes

No

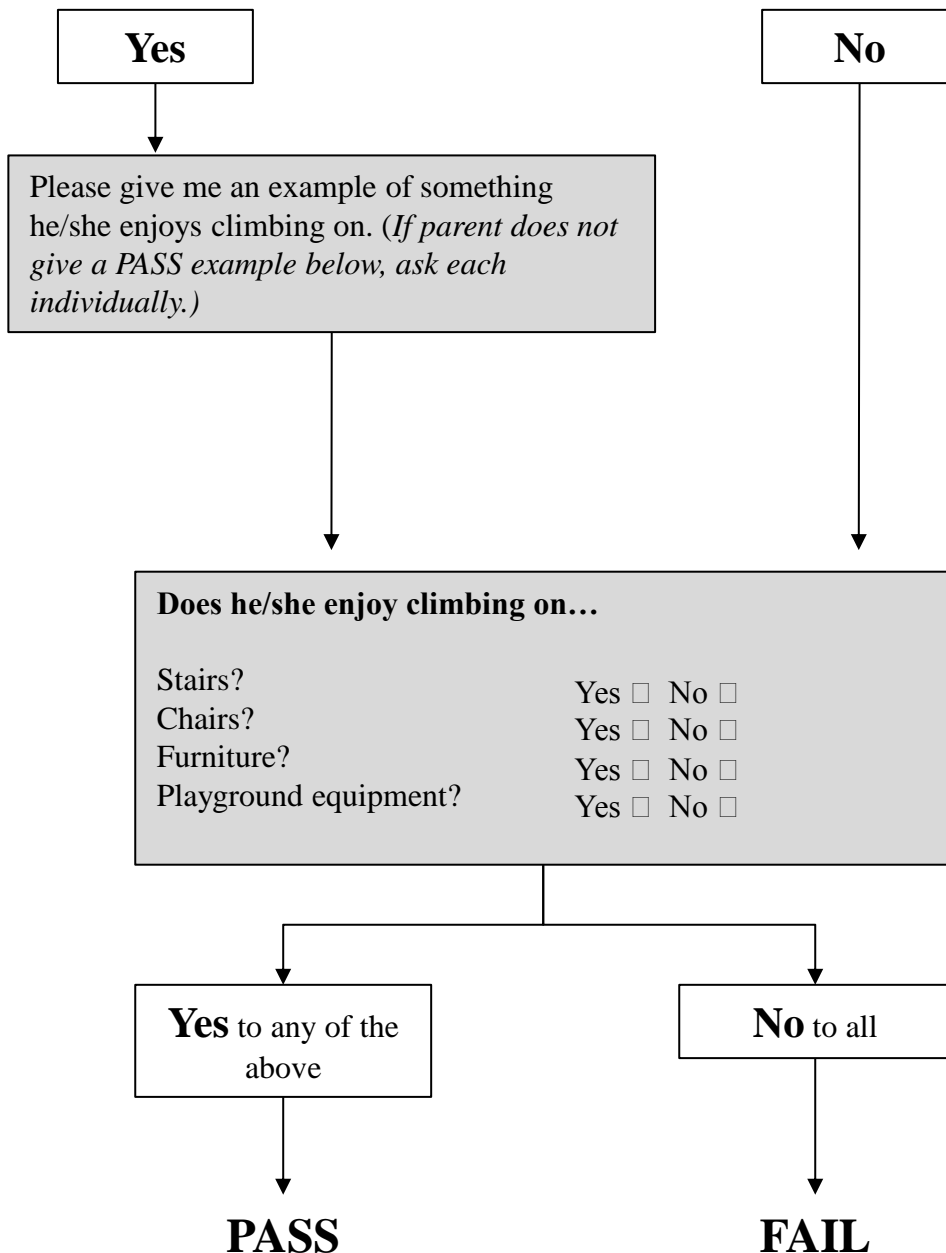
ALSO ASK FOR ALL CHILDREN:

What were the results of the hearing test? (<i>choose one</i>):	
<input type="checkbox"/> Hearing in normal range	<input type="checkbox"/>
<input type="checkbox"/> Hearing below normal	<input type="checkbox"/>
<input type="checkbox"/> Results inconclusive or not definitive	<input type="checkbox"/>

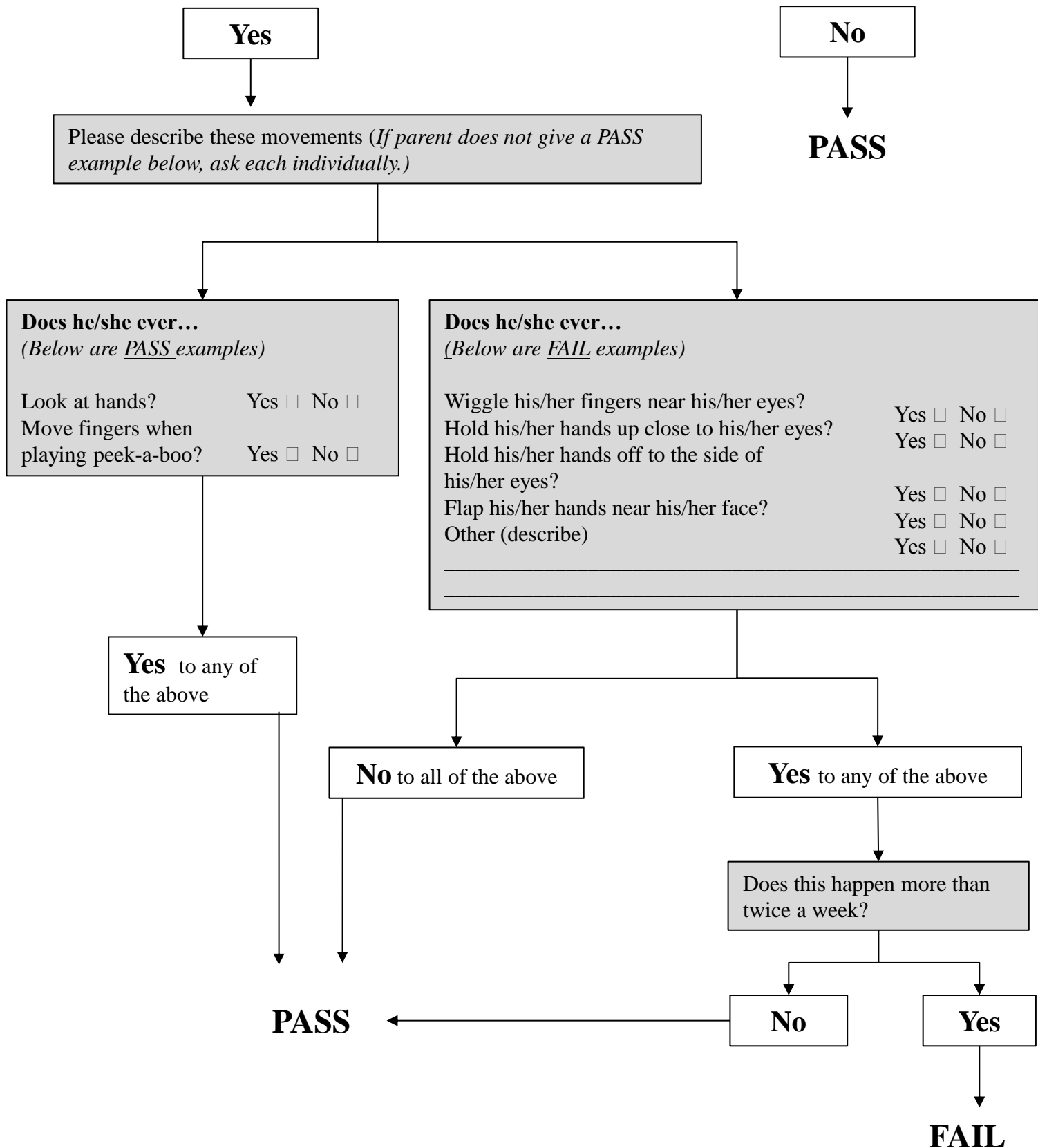
3. Does _____ play pretend or make- believe

Yes	No
Please give me an example of his/her pretend play. <i>(If parent does not give a PASS example below, ask each individually.)</i>	
Does he/she ever...	
Present to drink from a toy cup?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to eat from a toy spoon or fork?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to talk on the telephone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to feed a doll or stuffed animal with real or imaginary food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Push a car as if it is going along a pretend road?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to be a robot, an airplane, a ballerina, or any other favorite character?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Put a toy pot on a pretend stove?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stir imaginary food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Put an action figure or doll into a car or truck as if it is the driver or passenger?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretend to vacuum the rug, sweep the floor, or the mow lawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (describe)	Yes <input type="checkbox"/> No <input type="checkbox"/>
↓	
Yes to any	No to all
↓	↓
PASS	FAIL

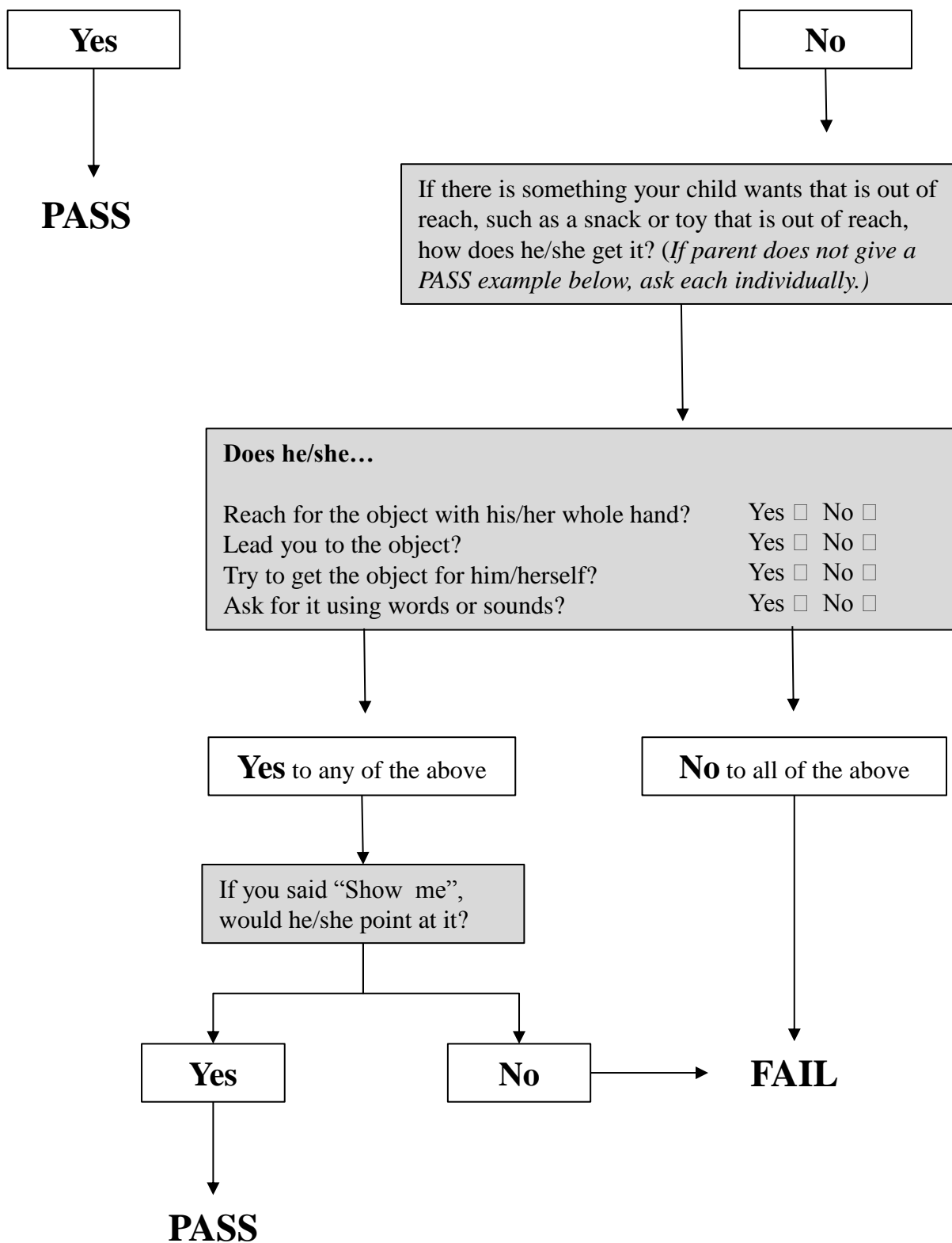
4. Does _____ like climbing on things?



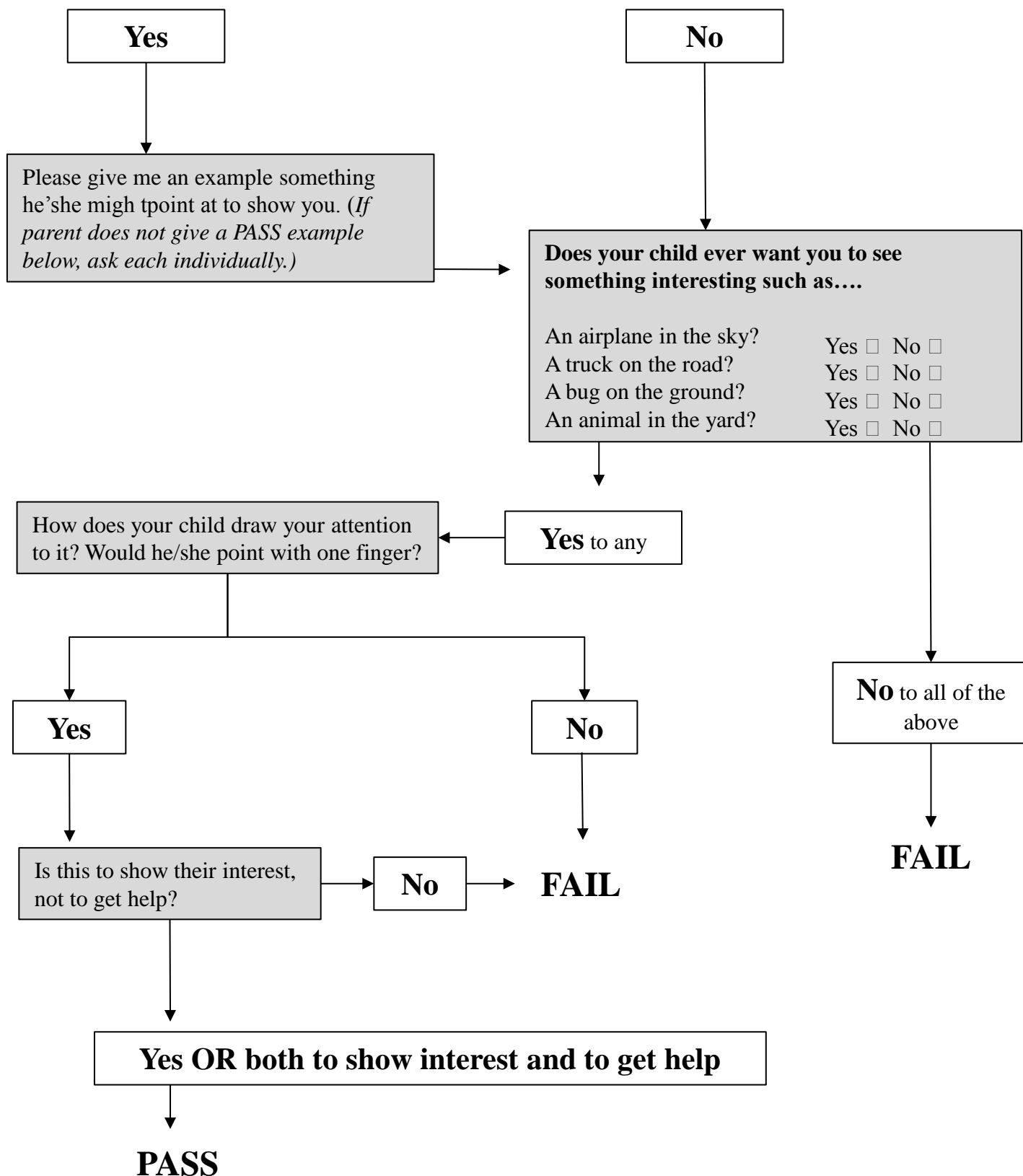
5. Does _____ make unusual finger movements near his/her eyes?



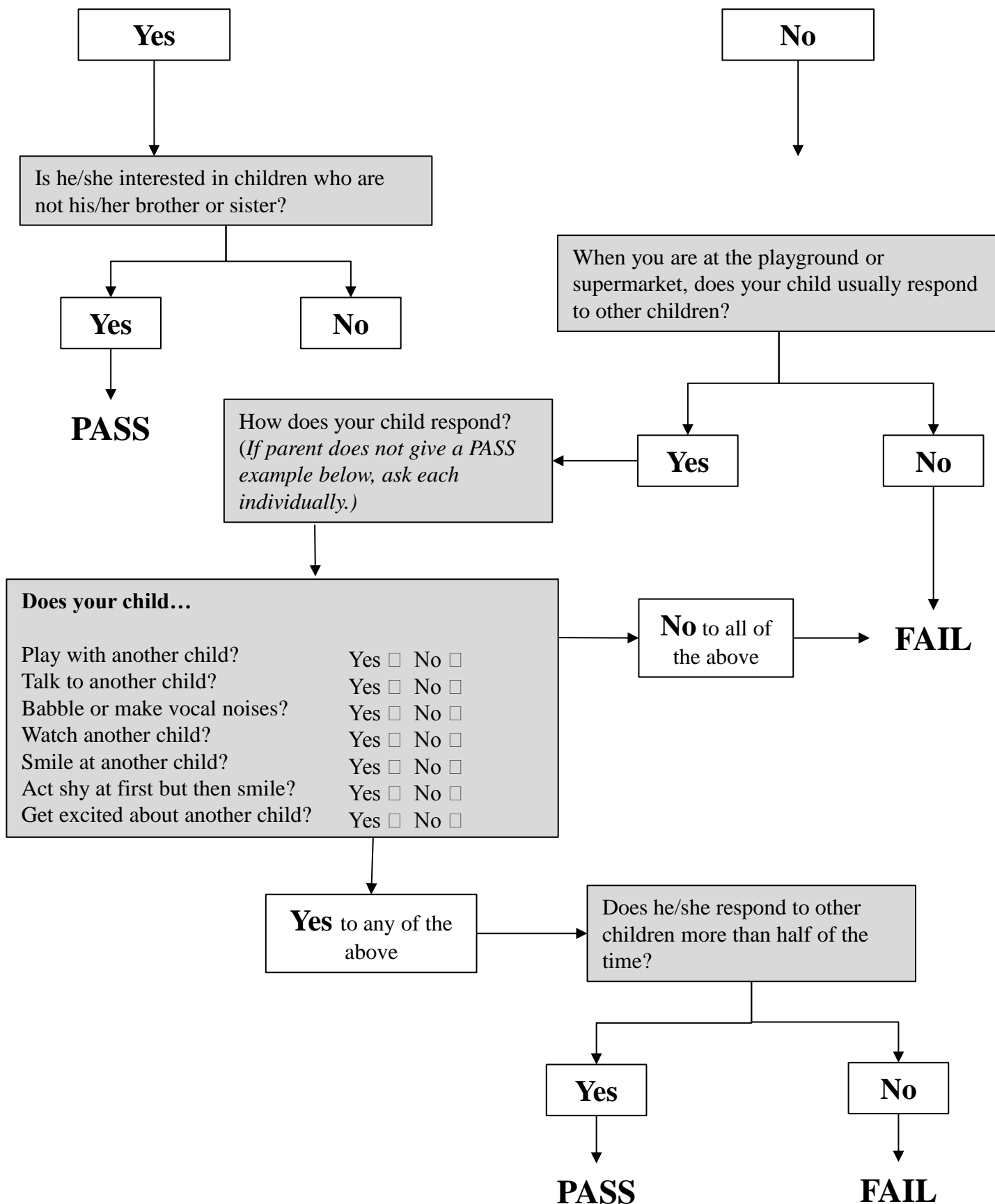
6. Does your child point with one finger to ask for something or to get help?



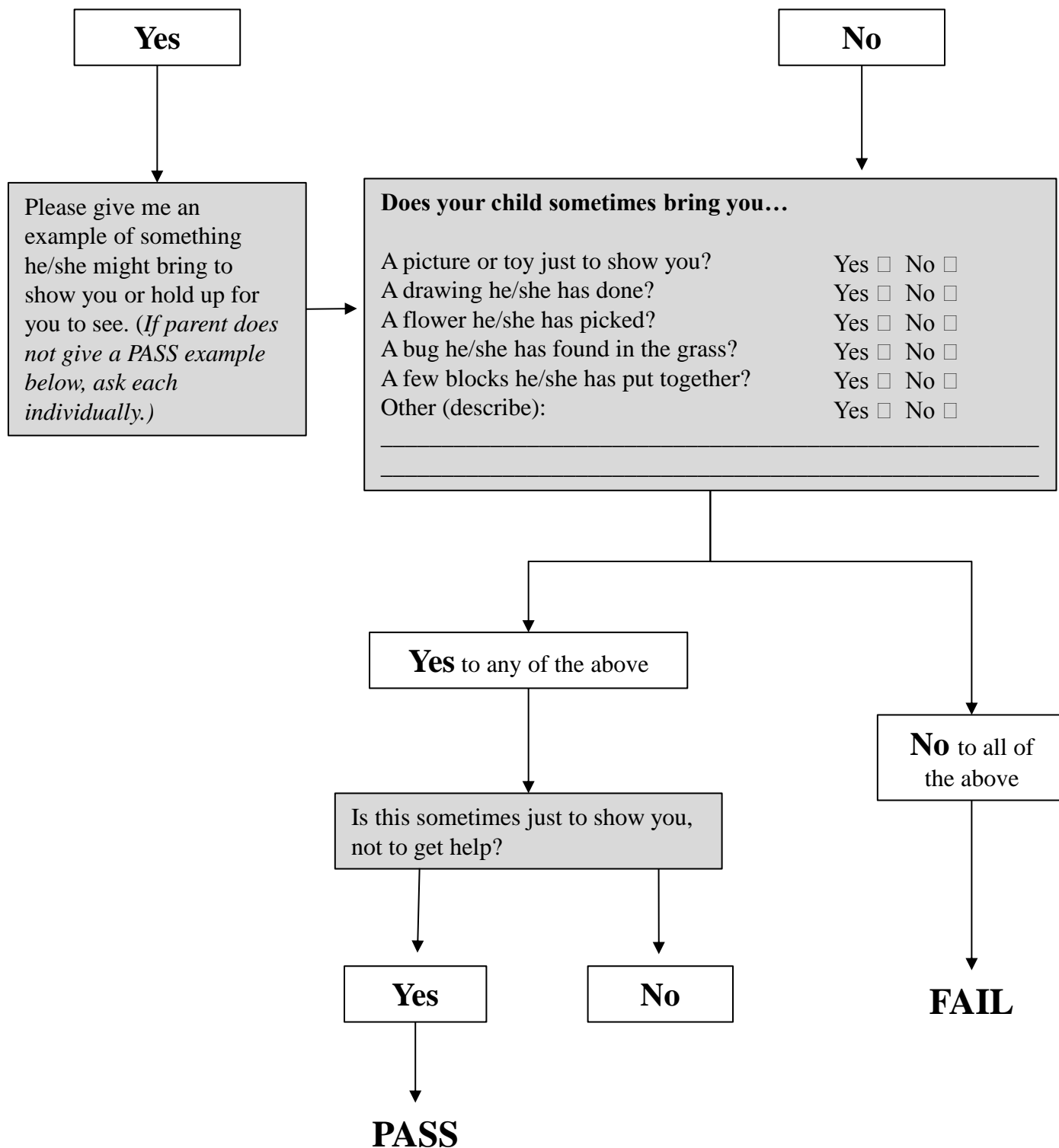
7. * If the interviewer just asked #6, begin here: We just talked about pointing to *ask* for something, ASK ALL → Does your child point with one finger just to show you something interesting?



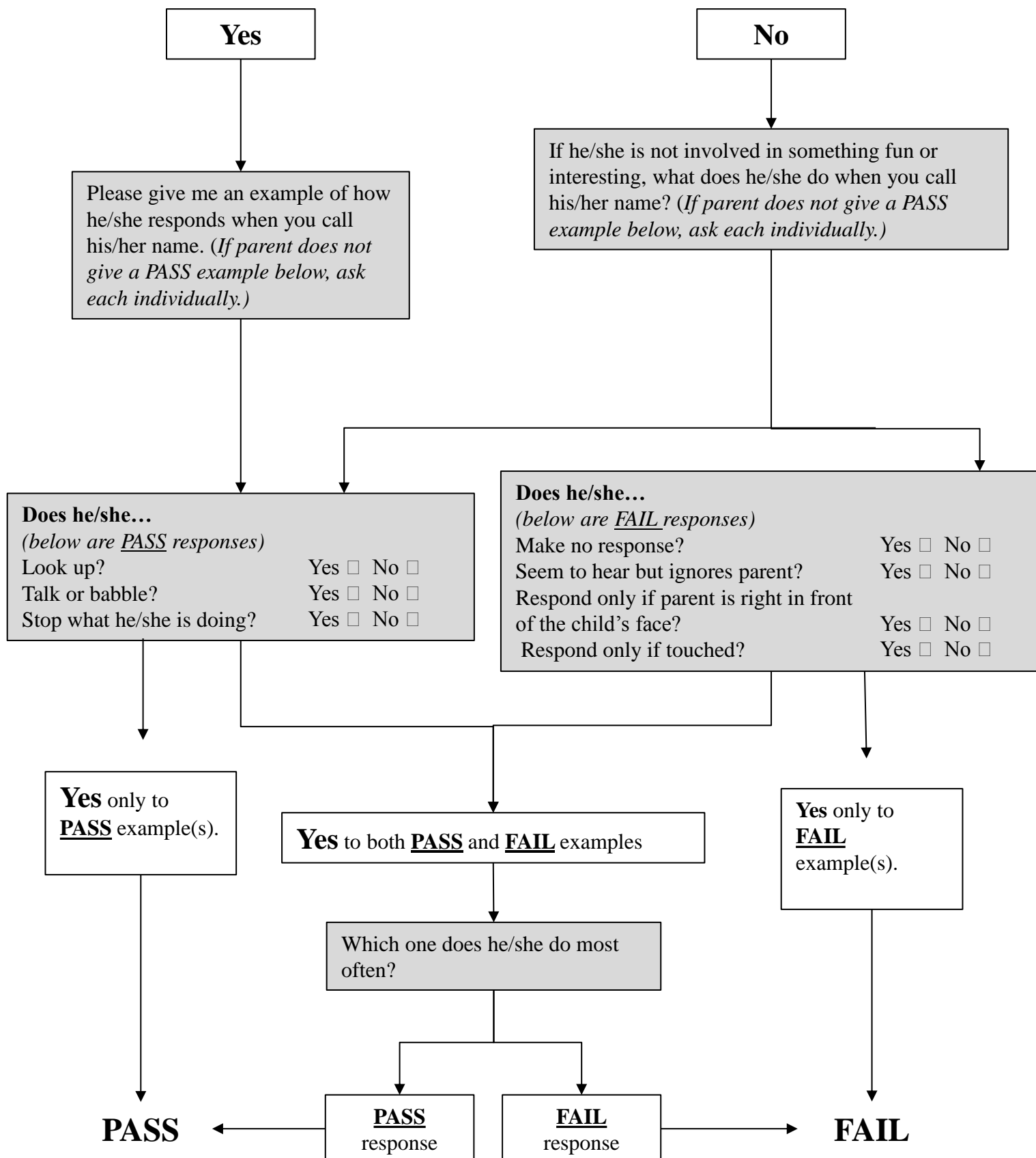
8. Is _____ interested in other children?



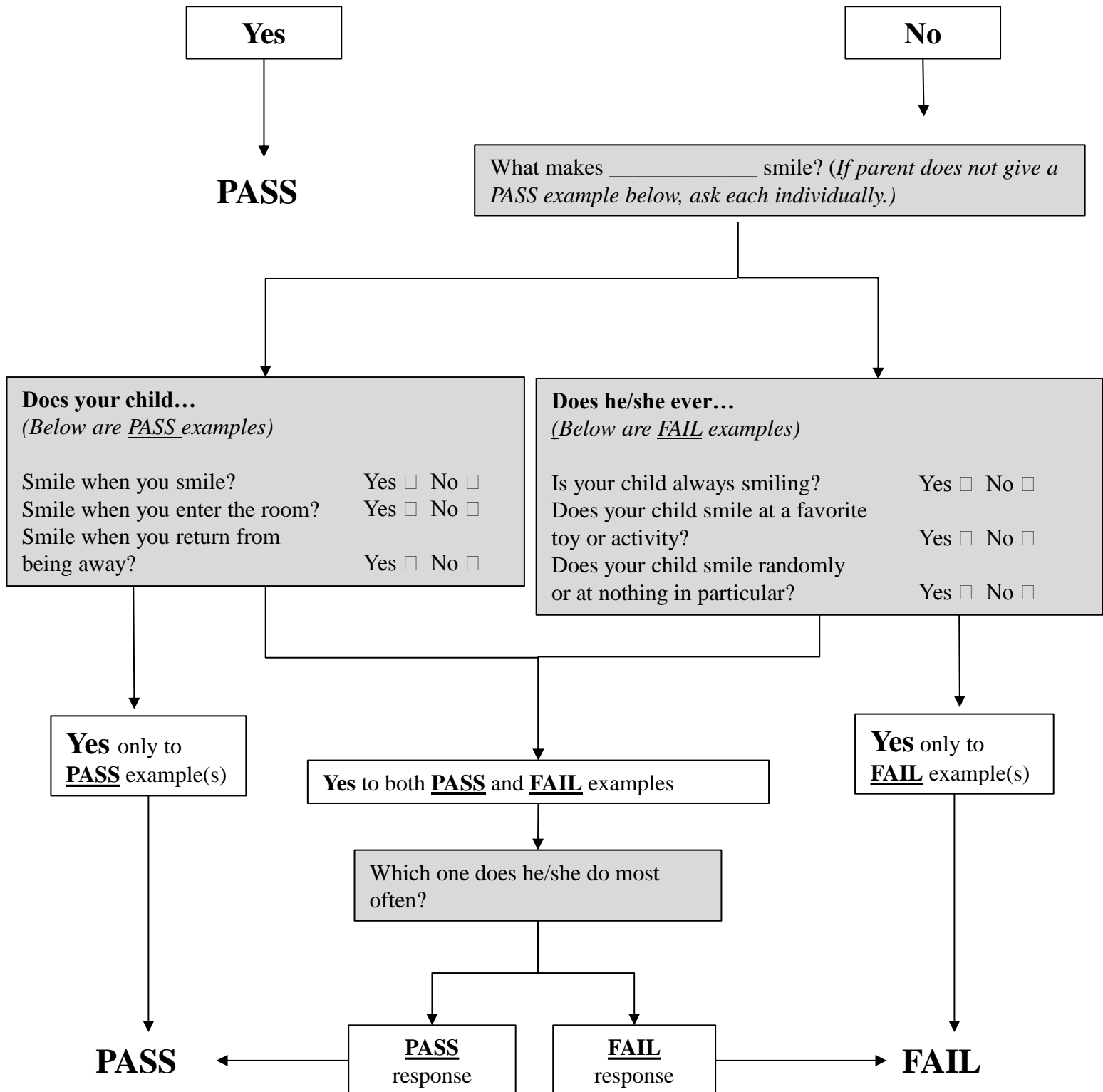
9. Does _____ show you things by bringing them to you or holding them up for you to see? Not just to get help, but to share?



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



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



12. Does _____ get upset by everyday noises?

Yes

No

PASS

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?

☐

Other (describe):

Yes ☐ No ☐

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...

(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 ☐

Yes only to **PASS**

example(s)

Yes to both **PASS** and **FAIL**

Yes only to **FAIL**

example(s)

Which one does he/she do most
often?

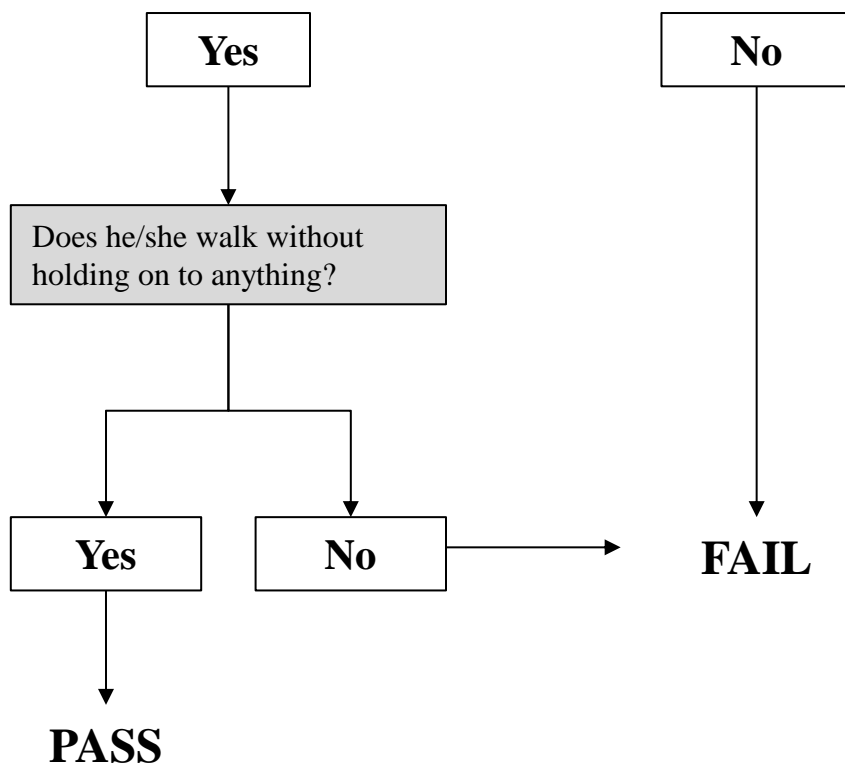
PASS

PASS
response

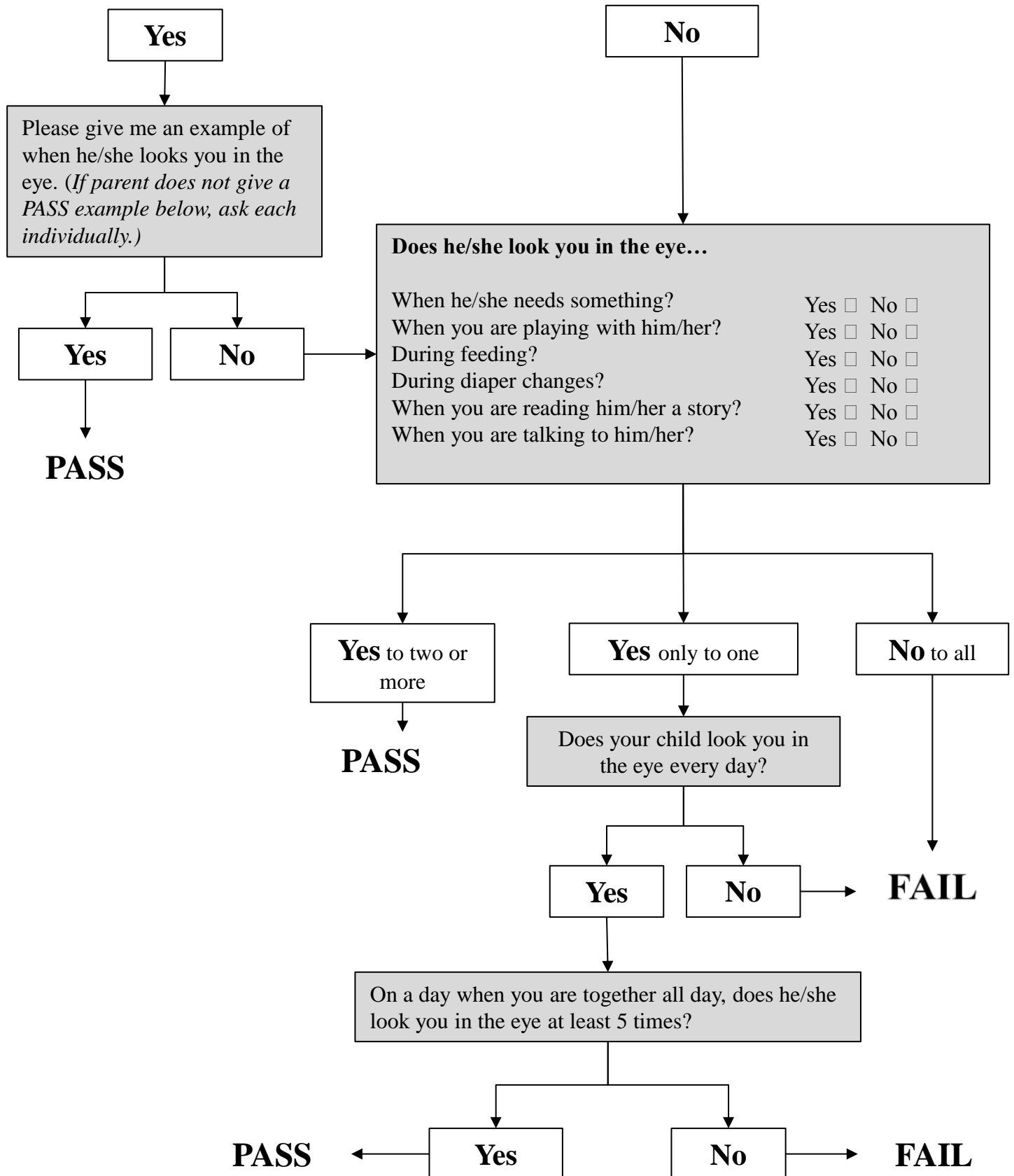
FAIL
response

FAIL

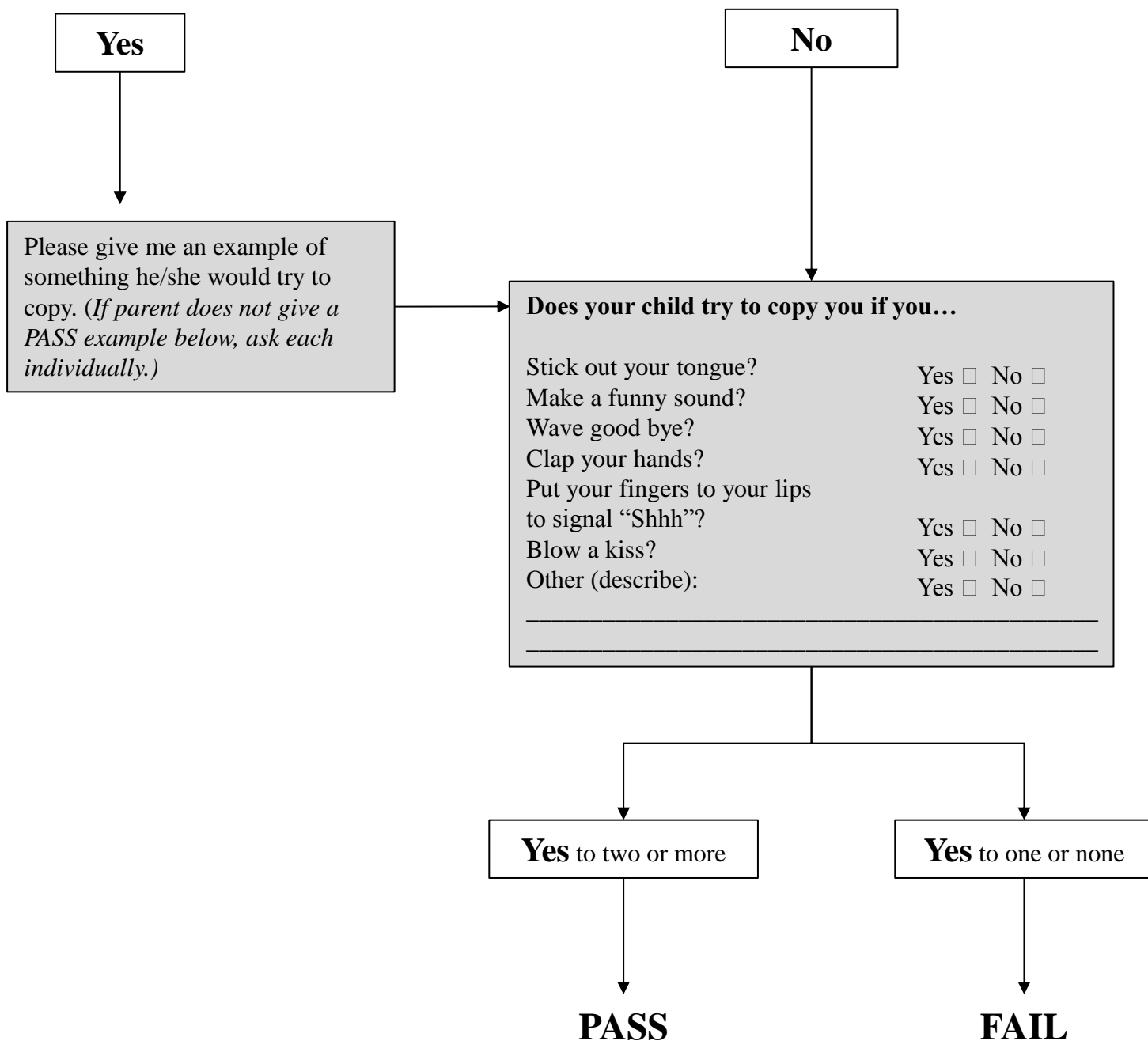
13. Does _____ walk?



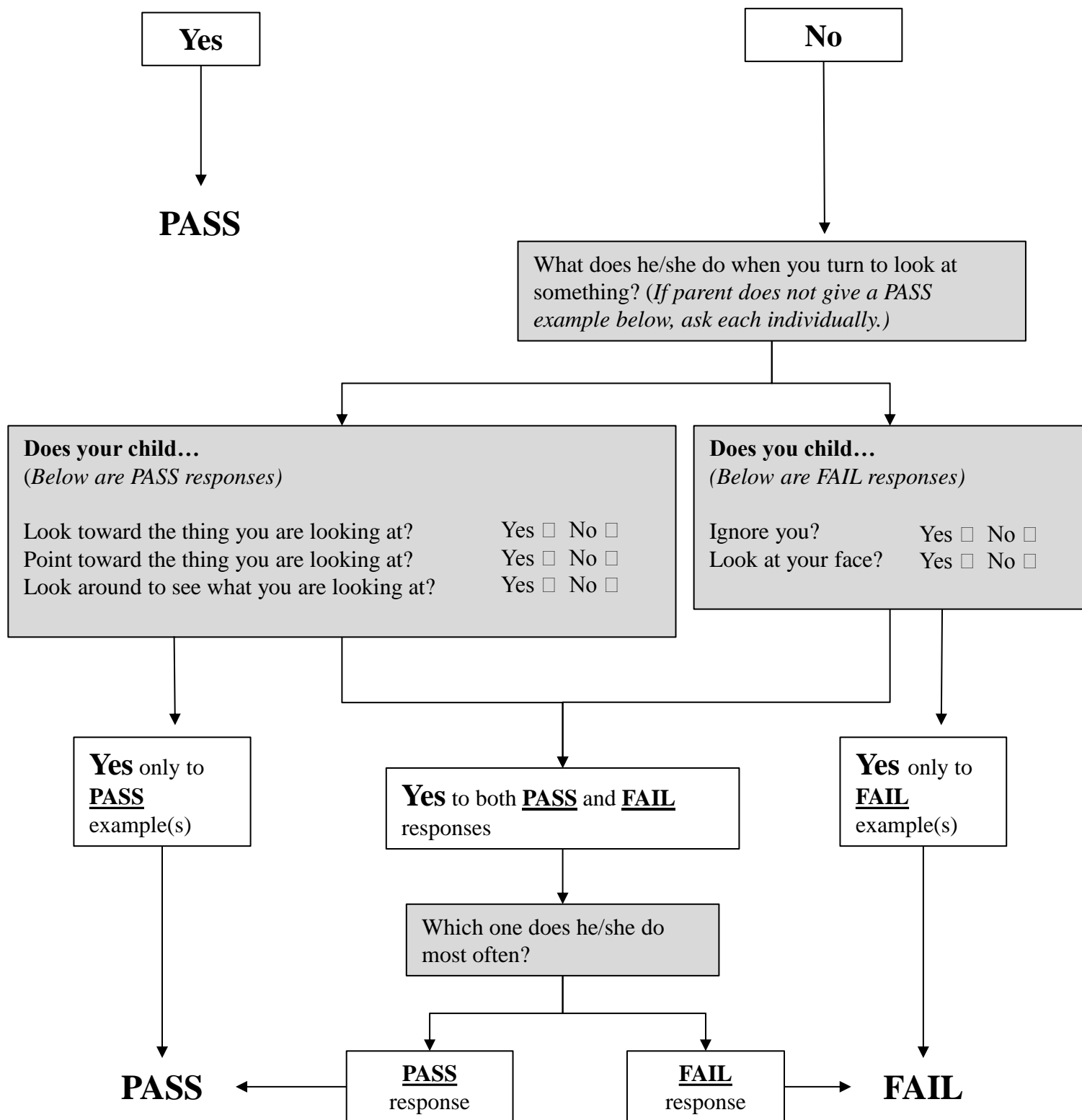
14. Does _____ look you in the eye when you are talking to him/her, playing with him/her, or changing him/her?



15. Does _____ try to copy what you do?



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



17. Does _____ try to get you to watch him/her?

Yes

No

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.)*

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 ☐

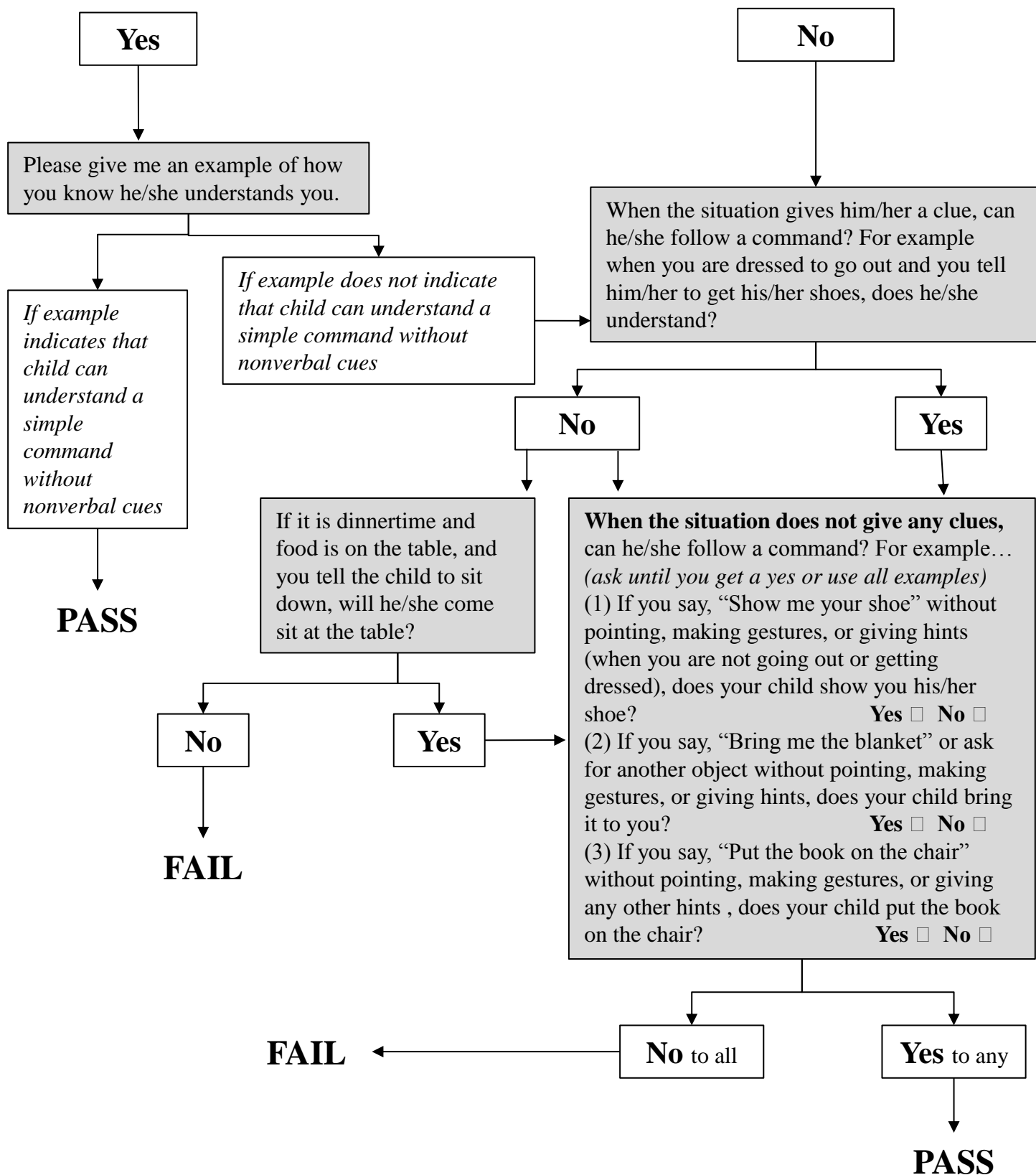
Yes to any

Yes to none

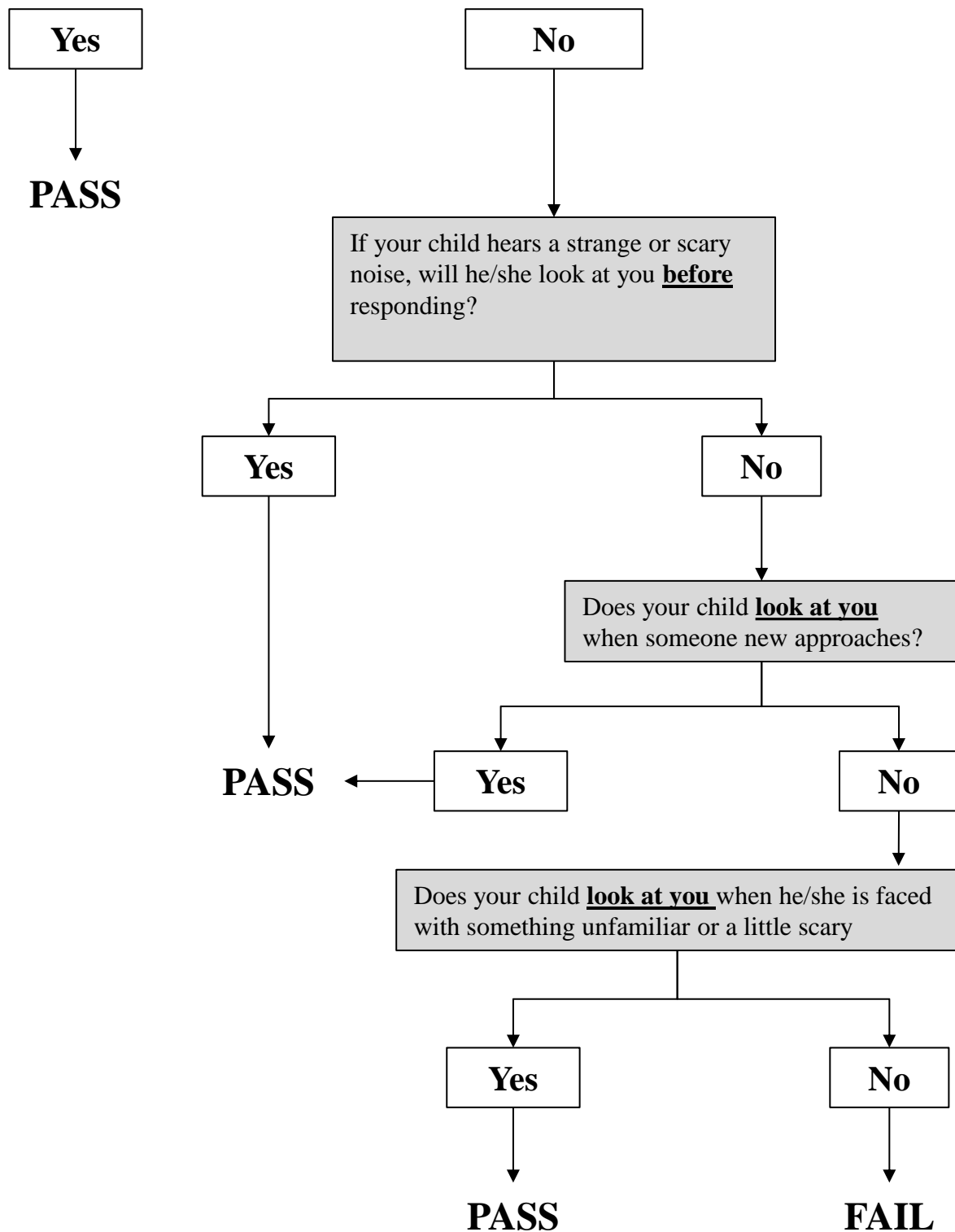
PASS

FAIL

18. Does _____ understand when you tell him/her to do something?



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



20. Does _____ like movement activities?

