Modified Checklist for Autism in Toddlers, Revised, with Follow-Up

(M-CHAT-R/F)™

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Acknowledgement: We thank the M-CHAT Study Group in Spain for developing the flow chart format used in this document.

For more information, please see www.mchatscreen.com or contact Diana Robins at DianaLRobins@gmail.com

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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.
## M-CHAT-R™

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.

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?)*
   - Yes
   - No

2. Have you ever wondered if your child might be deaf?  
   - Yes
   - No

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?)*
   - Yes
   - No

4. Does your child like climbing on things? *(FOR EXAMPLE, furniture, playground equipment, or stairs)*
   - Yes
   - No

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?)*
   - Yes
   - No

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)*
   - Yes
   - No

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)*
   - Yes
   - No

8. Is your child interested in other children? *(FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)*
   - Yes
   - No

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)*
   - Yes
   - No

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?)*
    - Yes
    - No

11. When you smile at your child, does he or she smile back at you?  
    - Yes
    - No

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?)*
    - Yes
    - No

13. Does your child walk?  
    - Yes
    - No

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?  
    - Yes
    - No

15. Does your child try to copy what you do? *(FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)*
    - Yes
    - No

16. If you turn your head to look at something, does your child look around to see what you are looking at?  
    - Yes
    - No

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”??)*
    - Yes
    - No

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”?)*
    - Yes
    - No

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?)*
    - Yes
    - No

20. Does your child like movement activities? *(FOR EXAMPLE, being swung or bounced on your knee)*
    - Yes
    - No
M-CHAT-R Follow-Up (M-CHAT-R/F)™

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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.

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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 answer 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

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 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)  
   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?

Yes

No

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)

Yes to examples both from PASS and FAIL

Yes only to FAIL example(s)

Which one does he/she do most often?

Most often is PASS example

Most often is FAIL example

PASS

FAIL
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

No

PASS

Yes to either

Yes to either

FAIL

Has your child’s hearing been tested?

Yes

What were the results of the hearing test? (choose one):

- Hearing in normal range
- Hearing below normal
- Results inconclusive or not definitive

No

ALSO ASK FOR ALL CHILDREN:
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 usually…

- Pretend 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 ☐  No☐

Yes to any  PASS

No ☐ to all  FAIL
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 usually…
(Below are PASS examples)

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

Look at hands? Yes□ No□

Does he/she usually…
(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

No to all of the above

Yes to any of the above

Does this happen more than twice a week?

No

PASS

Yes

FAIL
6. Does __________ 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

No to all of the above
7. * If the interviewer just asked #6, begin here: We just talked about pointing to ask for something, ASK ALL → Does ____________ 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 sometimes 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 □

- **Yes** to any
  - How does your child draw your attention to it? Would he/she point with one finger?
    - **Yes**
      - Is this to show their interest, not to get help?
        - **Yes OR both to show interest and to get help**
        - **PASS**
        - **No** → **FAIL**
    - **No** → **FAIL**
8. Is __________ 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.)

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

Yes

Does he/she respond to other children more than half of the time?

Yes

PASS

No

FAIL

No

FAIL

No to all

No

FAIL

Yes

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

**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 one of the following PASS examples, ask each individually.)*

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** to any of the above

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

**Yes**  
**PASS**

**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):  
____________________________________________________
____________________________________________________

**No** to all of the above

**FAIL**

**No**  

**PASS**
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.*)

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 response

FAIL response

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

**Yes**

PASS

**No**

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

---

**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 …**

*(Below are FAIL examples)*

- Always smile? [Yes □ No □]
- Smile at a favorite toy or activity? [Yes □ No □]
- 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** response

---

**FAIL** response

---

**FAIL**
12. Does _________ get upset by everyday noises?

Yes

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 □

Yes to one or none → PASS

Yes to two or more → How does your child react to 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 □

Yes only to PASS example(s)

Does your child... (Below are FAIL responses)

- Scream? Yes □ No □
- Cry? Yes □ No □
- Cover his/her ears while upset? Yes □ No □

Yes only to FAIL example(s)

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

PASS response

FAIL response

PASS

FAIL
13. Does _________ walk?

Yes

Does he/she walk without holding on to anything?

Yes  No

PASS

No

FAIL
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 one of the following PASS examples, ask each individually.)

No

Does he/she look you in the eye...

- When he/she needs something? Yes\(\square\) No\(\square\)
- When you are playing with him/her? Yes\(\square\) No\(\square\)
- During feeding? Yes\(\square\) No\(\square\)
- During diaper changes? Yes\(\square\) No\(\square\)
- When you are reading him/her a story? Yes\(\square\) No\(\square\)
- When you are talking to him/her? Yes\(\square\) No\(\square\)

Yes to two or more

PASS

Yes only to one

No to all

Does your child look you in the eye every day?

Yes

PASS

No

FAIL

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

Yes

PASS

No

FAIL
15. Does __________ try to copy what you do?

Yes

Please give me an example of something he/she would try to copy. (If parent does not give one of the following pass examples, ask each individually.)

No

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
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 □

Yes only to PASS example(s)

Yes to both PASS and FAIL responses

Yes only to FAIL example(s)

Which one does he/she do most often?

PASS response

FAIL response

FAIL
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 □ No □

Yes to any

PASS

Yes to none

FAIL
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

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?

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 to all

FAIL

Yes to any

PASS
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
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

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

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

PASS

No to all

FAIL

Does your child…

Laugh or smile?

Talk or babble?

Request more by holding out his/her arms?

Other (describe):