M CHAT.

Child's name _____   Date _____

Age _____   Relationship to child _____

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.

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

ADHD Rating Scale IV - **Preschool Version**

Child's Name: _____   **Sex:**   M   F   **Age:** _____

Completed By: _____   **Relationship:** _____

Circle the number that <u>best describes</u> the child's behavior over the past 6 months.	Rarely or never	Some-times	Often	Very often
1. Fails to give close attention to details (i.e. rushes through activities, makes careless mistakes)	0	1	2	3
2. Fidgets with hands or feet or squirms in seat (taps hands or feet)	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom, during meals, or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly (tunes you out)	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
7. Does not follow through on instructions or fails to finish tasks (i.e. "go upstairs, get your shoes and socks"; has difficulty with transitions)	0	1	2	3
8. Has difficulty playing quietly (alone or in groups)	0	1	2	3
9. Has difficulty organizing tasks and activities (i.e. choosing an activity, getting materials, doing steps in order)	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
11. Avoids tasks that require sustained mental effort (i.e. puzzles, learning ABC's, writing name)	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities (i.e. mittens, shoes, backpack)	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities (i.e. forgets papers, forgets directions)	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

Screen for Child Anxiety Related Disorders (SCARED)
███████ Version—Page 1 of 2 (to be filled out by the ███████)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh *(October, 1995). E-mail:* birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10), 1230–6.

Name: _____ Date: _____

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe	O	O	O	PN
2. My child gets headaches when he/she am at school.	O	O	O	SH
3. My child doesn't like to be with people he/she does't know well.	O	O	O	SC
4. My child gets scared if he/she sleeps away from home.	O	O	O	SP
5. My child worries about other people liking him/her.	O	O	O	GD
6. When my child gets frightened, he/she fells like passing out.	O	O	O	PN
7. My child is nervous.	O	O	O	GD
8. My child follows me wherever I go.	O	O	O	SP
9. People tell me that my child looks nervous.	O	O	O	PN
10. My child feels nervous with people he/she doesn't know well.	O	O	O	SC
11. My child gets stomachaches at school.	O	O	O	SH
12. When my child gets frightened, he/she feels like he/she is going crazy.	O	O	O	PN
13. My child worries about sleeping alone.	O	O	O	SP
14. My child worries about being as good as other kids.	O	O	O	GD
15. When my child gets frightened, he/she feels like things are not real.	O	O	O	PN
16. My child has nightmares about something bad happening to his/her parents.	O	O	O	SP
17. My child worries about going to school.	O	O	O	SH
18. When my child gets frightened, his/her heart beats fast.	O	O	O	PN
19. He/she child gets shaky.	O	O	O	PN
20. My child has nightmares about something bad happening to him/her.	O	O	O	SP

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. My child worries about things working out for him/her.	O	O	O	GD
22. When my child gets frightened, he/she sweats a lot.	O	O	O	PN
23. My child is a worrier.	O	O	O	GD
24. My child gets really frightened for no reason at all.	O	O	O	PN
25. My child is afraid to be alone in the house.	O	O	O	SP
26. It is hard for my child to talk with people he/she doesn't know well.	O	O	O	SC
27. When my child gets frightened, he/she feels like he/she is choking.	O	O	O	PN
28. People tell me that my child worries too much.	O	O	O	GD
29. My child doesn't like to be away from his/her family.	O	O	O	SP
30. My child is afraid of having anxiety (or panic) attacks.	O	O	O	PN
31. My child worries that something bad might happen to his/her parents.	O	O	O	SP
32. My child feels shy with people he/she doesn't know well.	O	O	O	SC
33. My child worries about what is going to happen in the future.	O	O	O	GD
34. When my child gets frightened, he/she feels like throwing up.	O	O	O	PN
35. My child worries about how well he/she does things.	O	O	O	GD
36. My child is scared to go to school.	O	O	O	SH
37. My child worries about things that have already happened.	O	O	O	GD
38. When my child gets frightened, he/she feels dizzy.	O	O	O	PN
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	O	O	O	SC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	O	O	O	SC
41. My child is shy.	O	O	O	SC

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. TOTAL =

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder or Significant Somatic Symptoms.** PN =

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder.** GD =

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC.** SP =

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder.** SC =

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance.** SH =

The SCARED is available at no cost at www.wpic.pitt.edu/research under tools and assessments, or at www.pediatric bipolar.pitt.edu under instruments.

March 27, 2012

SMART TOOL

Child's Name: _____ DOB: _____

_Today's Date: _____

Name of person filling out form: _____ Role: _____

Location: _____ Relationship to child: _____

Social Communication & Interaction	True	False
Impairments in the use of eye contact during social interactions. *Example: Looks to the side or at your mouth rather than your eyes when speaking to you.*	☐	☐
Deficits in the use of facial expressions to communicate *Example: Doesn't frown, pout, look surprised*	☐	☐
Lack or reduced use of gestures to communicate *Example: Doesn't wave bye bye, nod yes or no, blows a kiss*	☐	☐
Impairments in back and forth conversation (appropriate to language level) *Example: Won't add something new or ask a question in response to a comment made to them.*	☐	☐
Lack of, reduced, or impaired responses to social initiations of others *Example: Doesn't respond to his/her name or acknowledge others*	☐	☐
Lack of, or reduced interest in, peers (appropriate to developmental level)	☐	☐
Lack of, reduced, or impaired initiations of interactions with others	☐	☐
Reduced preference for some peers over others/impaired friendships	☐	☐
Delays in, or lack of, varied, age-appropriate play with peers	☐	☐

Restricted, repetitive patterns of behavior, interests & activities	True	False
Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	☐	☐
Has repetitive body mannerisms	☐	☐
Reacts negatively to changes in schedule/insists on sameness	☐	☐
Has behavioral rituals	☐	☐
Has verbal rituals (e.g., must say things, or have others say things, in a particular way)	☐	☐
Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	☐	☐
Engages in a limited range of activities/Has a limited behavioral repertoire	☐	☐
Shows hyper-reactivity to sensory input	☐	☐
Shows hypo-reactivity to sensory input	☐	☐
Shows unusual sensory interests and preferences	☐	☐

Disruptive behavior	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	☐	☐

Please leave comments on the backside of this page. Make copies if needed

Quantitative Checklist for Autism in Toddlers (Q-CHAT)

Tests   About Us   Get Help

Introduction

The Quantitative Checklist for Autism in Toddlers (Q-CHAT) is an assessment tool designed to identify early signs of autism spectrum disorder (ASD) in young children, typically those aged 18 to 24 months. It is an extension and quantitative adaptation of the original Checklist for Autism in Toddlers (CHAT), developed to provide a more nuanced understanding of the range of behaviors associated with ASD. The Q-CHAT consists of a series of questions aimed at evaluating specific behavioral traits and developmental milestones that may indicate the presence of ASD characteristics in toddlers.

The tool is structured to capture a broad spectrum of behaviors and skills, including social interaction, communication, and repetitive behaviors. Items on the Q-CHAT assess, for instance, a child's use of eye contact, response to their name, pointing behavior, and interest in social play. These elements are crucial for early identification of ASD, allowing for timely intervention. The checklist is designed to be completed by parents or primary caregivers, reflecting observations of the child's behavior in natural settings. This approach ensures that the assessment is grounded in the child's everyday interactions, enhancing the relevance and applicability of the findings.

The use of the Q-CHAT in clinical and research settings underscores the ongoing efforts to improve early detection of ASD. Early identification is linked to better outcomes, as it enables the initiation of support and intervention strategies at a young age. This tool contributes to the broader field of early childhood assessment by providing a straightforward, accessible means of screening for ASD-related behaviors. While the Q-CHAT does not diagnose ASD, its utility lies in flagging behaviors that warrant further professional evaluation. In doing so, it supports a proactive approach to developmental monitoring, encouraging the engagement of health professionals in cases where a child may benefit from additional assessment or intervention.

Instructions

Please answer the following questions about your child.

---

1. Does your child look at you when you call his/her name?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

---

2. How easy is it for you to get eye contact with your child?

○ Very easy

○ Quite easy

○ Quite difficult

○ Very difficult

○ Impossible

3. When your child is playing alone, does s/he line objects up?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

4. Can other people easily understand your child's speech?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

○ My child does not speak

5. Does your child point to indicate that s/he wants something (e.g. a toy that is out of reach)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

6. Does your child point to share interest with you (e.g. pointing at an interesting sight)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

7. How long can your child's interest be maintained by a spinning object (e.g. washing machine, electric fan, toy car wheels)?

○ Several hours

○ Half an hour

○ Ten minutes

○ A couple of minutes

○ Less than a minute

---

8. How many words can your child say?

○ None - s/he has not started speaking yet

○ Less than 10 words

○ 10 - 50 words

○ 51 - 100 words

○ Over 100 words

---

9. Does your child pretend (egg care for dolls, talk on a toy phone)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

10. Does your child follow where you're looking?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

11. How often does your child sniff or lick unusual objects?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

12. Does your child place your hand on an object when s/he wants you to use it (e.g. on a door handle when s/he wants you to open the door, on a toy when s/he wants you to activate it)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

13. Does your child walk on tiptoe?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

---

14. How easy is it for your child to adapt when his/her routine changes or when things are out of their usual place?

○ Very easy

○ Quite easy

○ Quite difficult

○ Very difficult

○ Impossible

---

15. If you or someone else in the family is visibly upset, does your child show signs of wanting to comfort them (e.g. stroking their hair, hugging them)?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

---

16. Does your child do the same thing over and over again (e.g. running the tap, turning the light switch on and off, opening and closing doors)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

17. Would you describe your child's first words as:

○ Very typical

○ Quite typical

○ Slightly unusual

○ Very unusual

○ My child doesn't speak

---

18. Does your child echo things s/he hears (e.g. things that you say, lines from songs or movies, sounds)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

19. Does your child use simple gestures (e.g. wave goodbye)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

---

20. Does your child make unusual finger movements near his/her eyes?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

21. Does your child spontaneously look at your face to check your reaction when faced with something unfamiliar?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

22. How long can your child's interest be maintained by just one or two objects?

○ Most of the day

○ Several hours

○ Half an hour

○ Ten minutes

○ A couple of minutes

23. Does your child twiddle objects repetitively (e.g. pieces of string)?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

24. Does your child seem oversensitive to noise?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

---

25. Does your child stare at nothing with no apparent purpose?

○ Many times a day

○ A few times a day

○ A few times a week

○ Less than once a week

○ Never

[Score my Answers]

Sources

1. C Allison, S Baron-Cohen, S Wheelwright, T Charman, J Richler, G Pasco, and C Brayne. The Q-CHAT (Quantitative CHecklist for Autism in Toddlers): A Normally Distributed Quantitative Measure of Autistic Traits at 18-24 Months of Age: Preliminary Report. J Autism Dev Disord 38(8): 1414-1425 (2008).

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