Modified Checklist for Autism in Toddlers (M-CHAT) SAQ

Event Category:	Time-Based
Event:	18M, 24M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Primary Caregiver
Domain:	Neuro-Psychosocial
Document Category:	Scored Assessment
Method:	Self-Administered
Mode (for this instrument*):	In-Person, PAPI
OMB Approved Modes:	In-Person, PAPI; Phone, PAPI; Web, CAI
Estimated Administration Time:	5 minutes
Multiple Child/Sibling Consideration:	Per Child
Special Considerations:	N/A
Version:	2.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	• Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	• Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	• DISPLAY AS MM/DD/YYYY • STORE AS YYYY-MM-DD • HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:
ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

M-CHAT SAQ

MS00100/(RESP_NAME). Your name: _____

MS00200/(RESP_REL_CHILD). Your relationship to the child: _____

MS00300/(MCHAT_DATE). Date completed: _____

MS01000. 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.

MS02000/(MCHAT_SWUNG). Does your child enjoy being swung, bounced on your knee, etc.?

Label	Code	Go To
Yes	1	
No	2	

MS03000/(MCHAT_CHILDREN). Does your child take an interest in other children?

Label	Code	Go To
Yes	1	
No	2	

MS04000/(MCHAT_CLIMB). Does your child like climbing on things, such as up stairs?

Label	Code	Go To
Yes	1	
No	2	

MS05000/(MCHAT_HIDE). Does your child enjoy playing peek-a-boo/hide-and-seek?

Label	Code	Go To
Yes	1	
No	2	

MS06000/(MCHAT_PRETEND). Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?

Label	Code	Go To
Yes	1	
No	2	

MS07000/(MCHAT_ASK). Does your child ever use his/her index finger to point, to ask for something?

Label	Code	Go To
Yes	1	
No	2	

MS08000/(MCHAT_INTEREST). Does your child ever use his/her index finger to point, to indicate interest in something?

Label	Code	Go To
Yes	1	
No	2	

MS09000/(MCHAT_TOYS). Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?

Label	Code	Go To
Yes	1	
No	2	

MS10000/(MCHAT_OBJECTS). Does your child ever bring objects over to you (parent) to show you something?

Label	Code	Go To
Yes	1	
No	2	

MS11000/(MCHAT_EYE). Does your child look you in the eye for more than a second or two?

Label	Code	Go To
Yes	1	
No	2	

MS12000/(MCHAT_NOISE). Does your child ever seem oversensitive to noise? (e.g., plugging ears)

Label	Code	Go To
Yes	1	
No	2	

MS13000/(MCHAT_SMILE). Does your child smile in response to your face or your smile?

Label	Code	Go To
Yes	1	
No	2	

MS14000/(MCHAT_IMITATE). Does your child imitate you? (e.g., you make a face-will your child imitate it?)

Label	Code	Go To
Yes	1	
No	2	

MS15000/(MCHAT_NAME). Does your child respond to his/her name when you call?

Label	Code	Go To
Yes	1	
No	2	

MS16000/(MCHAT_POINT). If you point at a toy across the room, does your child look at it?

Label	Code	Go To
Yes	1	
No	2	

MS17000/(MCHAT_WALK). Does your child walk?

Label	Code	Go To
Yes	1	
No	2	

MS18000/(MCHAT_LOOK). Does your child look at things you are looking at?

Label	Code	Go To
Yes	1	
No	2	

MS19000/(MCHAT_FINGER). Does your child make unusual finger movements near his/her face?

Label	Code	Go To
Yes	1	
No	2	

MS20000/(MCHAT_ATTENTION). Does your child try to attract your attention to his/her own activity?

Label	Code	Go To
Yes	1	
No	2	

MS21000/(MCHAT_DEAF). Have you ever wondered if your child is deaf?

Label	Code	Go To
Yes	1	
No	2	

MS22000/(MCHAT_UNDERSTAND). Does your child understand what people say?

Label	Code	Go To
Yes	1	
No	2	

MS23000/(MCHAT_STARE). Does your child sometimes stare at nothing or wander with no purpose?

Label	Code	Go To
Yes	1	
No	2	

MS24000/(MCHAT_REACTION). Does your child look at your face to check your reaction when faced with something unfamiliar?

Label	Code	Go To
Yes	1	
No	2	

FOR OFFICE USE ONLY

FOU01000. Child Participant Name:_____

FOU03000/(P_ID). Child Participant ID:_____

FOU04000. Parent/Caregiver Name:_____

FOU06000/(R_P_ID). Parent/Caregiver ID:_____

FOU07000. Relationship to Child:_____

FOU09000/(MCHAT_DATE_COMP). Date of completion: ___ /___ / _____