

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

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| --- | --- |
| 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:

|  |  |  |  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MS00200/(RESP\_REL\_CHILD).** Your relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MS00300/(MCHAT\_DATE).** Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| New |

**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.

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**MS02000/(MCHAT\_SWUNG).** Does your child enjoy being swung, bounced on your knee, etc.?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS03000/(MCHAT\_CHILDREN).** Does your child take an interest in other children?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS04000/(MCHAT\_CLIMB).** Does your child like climbing on things, such as up stairs?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS05000/(MCHAT\_HIDE).** Does your child enjoy playing peek-a-boo/hide-and-seek?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**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 |  |

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**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 |  |

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**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 |  |

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**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 |  |

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**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 |  |

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**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 |  |

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**MS12000/(MCHAT\_NOISE).** Does your child ever seem oversensitive to noise? (e.g., plugging ears)

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS13000/(MCHAT\_SMILE).** Does your child smile in response to your face or your smile?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**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 |  |

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**MS15000/(MCHAT\_NAME).** Does your child respond to his/her name when you call?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**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 |  |

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**MS17000/(MCHAT\_WALK).** Does your child walk?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS18000/(MCHAT\_LOOK).** Does your child look at things you are looking at?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS19000/(MCHAT\_FINGER).** Does your child make unusual finger movements near his/her face?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS20000/(MCHAT\_ATTENTION).** Does your child try to attract your attention to his/her own activity?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS21000/(MCHAT\_DEAF).** Have you ever wondered if your child is deaf?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS22000/(MCHAT\_UNDERSTAND).** Does your child understand what people say?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**MS23000/(MCHAT\_STARE).** Does your child sometimes stare at nothing or wander with no purpose?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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**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 |  |

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**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: \_\_\_ /\_\_\_ / \_\_\_\_\_