



Dear Parents of Guardians of our Pediatric Patients,

Your child is due for an appointment for either an 18-month or 24-month Well-Child visit. At this visit, we will be screening for Autism spectrum disorders (ASDs).

Autism spectrum disorders (ASDs) are a group of related brain-based disorders that affect a child's behavior, social, and communication skills. They include three pervasive developmental disorders (PDD):

- Autistic Disorder
- Asperger syndrome
- PDD-not otherwise specified

Approximately 1 in 150 children are diagnosed with an ASD. ASDs are lifelong conditions with no known cure. However, children with ASD can progress developmentally and learn new skills. Some children may improve so much that they no longer meet the criteria for ASD, although milder symptoms may often persist. We strongly believe in the importance of early and continuous surveillance and screening for ASD to ensure that children are identified and receive access to services as early as possible. The sooner autism is identified, the sooner an intervention program can start.

About 25% of children will seem to have normal development until about 18 months, after which they will gradually or suddenly stop talking, stop waving goodbye, stop turning their head when their name is called, and withdraw into a shell and seem more distant and less interested in their surroundings.

Attached is a questionnaire called M-CHAT (Modified Checklist for Autism in Toddlers). This is to be completed at age 18 months **and** at 24 months. We would like you to answer the questions to the best of your ability. Please bring the completed form with you to your child's office appointment. We will score this questionnaire and let you know the results.

Thank you for your participation.

David McAnulty, M.D.
Medical Director
Northwest Primary Care Group



M-CHAT

Date: _____

Patient's Name: _____ Filled out by: _____

Date of Birth: _____ Relationship to patient: _____

Practitioner: _____

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?	YES	NO
2. Does your child take an interest in other children?	YES	NO
3. Does your child like climbing on things, such as up stairs?	YES	NO
4. Does your child enjoy playing peek-a-boo/hide-and-seek?	YES	NO
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	YES	NO
6. Does your child ever use his index finger to point, to ask for something?	YES	NO
7. Does your child ever use his/her index finger to point, to indicate interest in something?	YES	NO
8. Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them?	YES	NO
9. Does your child ever bring objects over to you (parent) to show you something?	YES	NO
10. Does your child look you in the eye for more than a second or two?	YES	NO
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)	YES	NO
12. Does your child smile in response to your face or your smile?	YES	NO
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)	YES	NO
14. Does your child respond to his/her name when you call?	YES	NO
15. If you point at a toy across the room, does your child look at it?	YES	NO
16. Does your child walk?	YES	NO
17. Does your child look at things you are looking at?	YES	NO
18. Does your child make unusual finger movements near his/her face?	YES	NO
19. Does your child try to attract your attention to his/her own activity?	YES	NO
20. Have you ever wondered if you child is deaf?	YES	NO
21. Does your child understand what people say?	YES	NO
22. Does you child sometimes stare at nothing or wander with no purpose?	YES	NO
23. Does your child look at your face to check your reaction when faced with something unfamiliar?	YES	NO