

CHAT (CHECKLIST for Autism in Toddlers)

Autism Screening at 18–24 months of age

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____ Today's Date: _____

Section A: To be completed by parent

1. Does your child enjoy being swung, bounced on your knee, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your child take an interest in other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your child like climbing on things, such as up stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your child enjoy playing peek-a-boo/hide-and-seek?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your child ever PRETEND, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your child ever use his/her index finger to point, to ASK for something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your child ever use his/her index finger to point, to indicate INTEREST in something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling or dropping them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does your child ever bring objects over to you (parent) to SHOW you something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B: Physician or Health care Provider

1. During the appointment, has the child made eye contact with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Get child's attention, then point across the room at an interesting object and say 'Oh look! There's a (name of toy)!'. Watch child's face. Does the child look across to see what you are pointing at?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Get the child's attention, then give child a miniature toy cup and teapot and say 'Can you make me a cup of tea?' Does the child pretend to pour out tea, drink it, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Say to the child 'Where's the light?', or 'Show me the light'. Does the child POINT with his/her index finger at the light?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Can the child build a tower of bricks? (If so, how many _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B2: To record Yes on this item, ensure the child has not simply looked at your hand, but has actually looked at the object you are pointing at.

B3: If you can elicit an example of pretending in some other game, score a Yes on this item.

B4: Repeat this with 'Where's the teddy?' or some other unreachable object, if child does not understand the word light. To record Yes on this item, the child must have looked up at your face around the time of pointing.

(See back for scoring recommendations)

CHAT key items

Section A

A5: Pretend play

A7: Protodeclarative pointing

Section B

B2: Following a point

B3: Pretending

B4: Producing a point

CHAT non-key items

Section A

A1: Rough and tumble play

A2: Social interest

A3: Motor development

A4: Social play

A6: Protoimperative pointing

A8: Functional play

A9: Showing

Section B

B1: Eye contact

B5: Tower of bricks

Risk Assignment

High risk for autism group	Fail (NO answer) A5, A7, B2, B3, B4
Medium risk for autism group	Fail A7, B4 (but not in high risk group)
Low risk for autism group	Not in other two risk groups

Management recommendations:

High risk group: Refer to developmental clinic as well as ESD (Educational Services Department).

Medium risk group: High suspicion – refer as above
Low suspicion – Re-test in one month

Low risk group: If there are any NO answers, re-test in one month.