

## M-CHAT-R™



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.

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| 1. If you point at something across the room, does your child look at it?<br>( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , furniture, playground equipment, or stairs)   | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , pointing to an airplane in the sky or a big truck in the road)   | Yes | No |
| 8. Is your child interested in other children? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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? ( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , 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?<br>( <b>FOR EXAMPLE</b> , being swung or bounced on your knee)   | Yes | No |



## Childhood Lead Poisoning Prevention Program

### Lead Screening Parent Questionnaire

**Name of patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Age of child:** \_\_\_\_\_ **Health Care Provider:** \_\_\_\_\_

This questionnaire is about lead. Lead is a dangerous material that sometimes gets into children's bodies. It can make them sick and affect their behavior and ability to learn. Answers to these questions will help the health care provider see if your child needs a blood lead test. If any of these questions are confusing, ask the provider or nurse to help you with them. For more information call the LeadLine at 1-800-368-5060 or 503-988-4000 in the Portland Metro area.

**Please circle your answers to the following questions:**

<p><b>Does your child live in or regularly visit a home, child care or other building built before 1950?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>During the past 6 months has your child lived in or regularly visited a home, child care or other building built before 1980 with recent or ongoing painting, repair, remodeling or damage?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Does your child have a brother, sister, other relative, housemate or playmate with lead poisoning?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Does your child spend time with an adult that has a job or hobby where they may work with lead (such as painting, remodeling, auto radiators, batteries, auto repair, soldering, making sinkers, bullets, stained glass, pottery, going to shooting ranges, hunting or fishing)?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Has your child ever used any traditional, imported or home remedies or cosmetics such as Azarcon, Alarcon, Greta, Rueda, Pay-loo-ah, or Kohl?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Has your child been adopted from, lived in or visited a foreign country in the last 6 months?</b></p>	<p style="text-align: center;">Yes  Don't Know</p>	<p style="text-align: center;">No</p>
<p><b>Do you have concerns about your child's development?</b>  <b>Concern(s):</b> _____</p>	<p style="text-align: center;">Yes</p>	<p style="text-align: center;">No</p>