

ANALYSIS OF A HEAD-INJURED MOMENT 3.0: Analysis # _____

My mistake (be specific): _____

Where it started: _____ On what day? _____ At what time? _____

Who suggested writing up this head-injured moment? _____

State of mind. (Circle all that apply) excited optimistic enthusiastic confident motivated
impatient annoyed frustrated irritated angry furious jealous overstimulated
confused anxious worried tense pressured afraid hungry thirsty overheated chilled
upset sad depressed discouraged self-doubting pessimistic guilty drunk stoned
calm relaxed bored tired rushing disinterested other _____

Who was I with when I started to make the mistake? _____

Task factors: What was the task? _____

___ I was trying to do something new. What was new? _____

___ I was trying to do something hard. What was hard? _____

___ It required planning and organizing, careful timing, or mid-course corrections.

___ It required getting cooperation, agreement, or assistance from someone else.

Process factors: How I went about doing it.

___ I should have warned myself. It happened in a situation where I have head-injured moments.

___ I wrote up this mistake before, but I didn't use my fix-it plan this time. Why? _____

___ I wrote up this mistake before and used my fix-it plan but it failed. Why? _____

___ I was trying to do something the way I would have done it before I had my injury.

___ I wasn't expecting to do it at all—it wasn't on my daily planner. Why not? _____

___ Something unexpected happened while I was doing it. What? _____

___ I didn't take enough time to plan out what I was going to do.

___ I wasn't concentrating and being careful enough when I did it.

What are the main things I need to fix? _____

Fix-It Plan for the next time I am in that situation:

___ Put the activity on my daily planner and make a plan for success the night before.

___ Trigger myself to sound a warning by _____

___ Warn myself about a head-injured moment by saying _____

___ Adjust my state of mind by _____

___ Before I act, stop and think through what I need to do.

___ Get focused and summon up the mental effort to be ready to act.

What I will do: _____

___ Watch how I perform carefully to make sure my plan is working.

Feedback from my Therapy Partner: I think the main things that need fixing are _____

I think my Partner's Fix-It Plan ___ probably will work ___ probably won't work.

Signature: _____ Date: _____