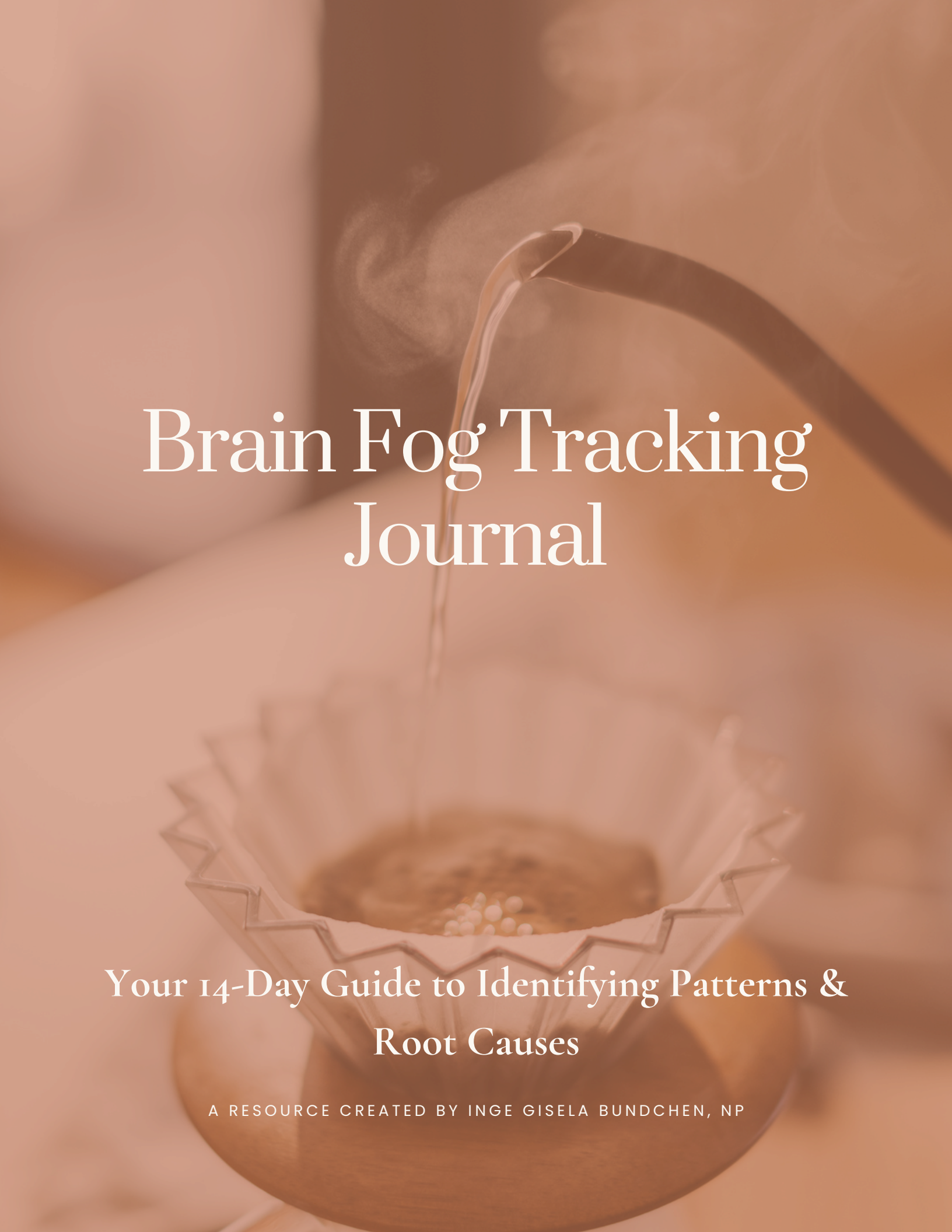

Brain Fog Tracking Journal

Your 14-Day Guide to Identifying Patterns & Root Causes

A RESOURCE CREATED BY INGE GISELA BUNDCHEN, NP

THIS JOURNAL IS DESIGNED TO HELP YOU IDENTIFY PATTERNS IN YOUR BRAIN FOG SYMPTOMS AND DISCOVER THEIR ROOT CAUSES. BY TRACKING YOUR SYMPTOMS ALONGSIDE SLEEP, FOOD, STRESS, AND OTHER FACTORS, YOU'LL GAIN VALUABLE INSIGHTS INTO WHAT'S CONTRIBUTING TO YOUR COGNITIVE CLOUDINESS.

CREATED BY INGE BUNDCHEN, PMHNP-BC
PSYCHIATRIC NURSE PRACTITIONER | BRAIN LONGEVITY SPECIALIST

How to Use This Journal

1. Commit to 14 Days: Track your symptoms consistently for at least two weeks to identify meaningful patterns.

2. Fill Out Daily: Complete your entry at the same time each day (evening works best so you can reflect on the full day).

3. Be Honest & Specific: The more detailed you are, the more helpful the patterns will be. Don't judge yourself—just observe.

4. Rate Your Brain Fog: Use the 1-10 scale honestly. A '5' one day might feel different than a '5' another day, and that's okay.

5. Look for Patterns: After 7-14 days, review your entries. Look for connections between your brain fog and:

• Sleep quality and quantity

• Specific foods or meal timing

• Stress levels or stressful events

• Medications or supplements

• Time of day

• Physical symptoms

• Activity levels

6. Share with Your Healthcare Provider: Bring this journal to appointments. It provides valuable information for diagnosis and treatment planning.

Understanding the Brain Fog Scale (1-10)

Rating	Description
1-2	Minimal: Slight mental sluggishness, barely noticeable
3-4	Mild: Occasional word-finding difficulty, minor concentration issues
5-6	Moderate: Clear mental cloudiness, trouble focusing on tasks
7-8	Severe: Significant impairment, difficult to complete normal activities
9-10	Extreme: Cannot think clearly, major functional impairment

Day 1 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 1 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 3 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 4 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 5 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 6 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 6 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 7 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 8 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 9 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 10 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 11 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 12 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 13 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 11 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 12 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 13 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Day 14 Tracking

Date: _____/_____/_____ Time Completing Journal: _____ AM/PM

Brain Fog Severity Today: (Circle one)

Minimal			Mild		Moderate			Severe	Extreme
1	2	3	4	5	6	7	8	9	10

Symptoms Experienced Today: (Check all that apply)

- ▪ Poor concentration
- ▪ Memory problems
- ▪ Slowed thinking
- ▪ Word-finding difficulty
- ▪ Mental fatigue
- ▪ Difficulty making decisions
- ▪ Confusion/disorientation
- ▪ Trouble reading/comprehending
- ▪ Other: _____

Sleep Last Night:

Hours slept: _____ Quality: ■ Poor ■ Fair ▪ Good ▪ Excellent

Woke up during night: ▪ Yes ▪ No How many times? _____ Felt rested upon waking: ▪ Yes ▪ No

Food & Hydration:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Glasses of water consumed: _____ Caffeine: ■ None ■ 1 cup ■ 2-3 cups ■ 4+ cups

Stress & Mood:

Stress level: ■ Low ■ Moderate ■ High ■ Severe Overall mood: ■ Good ■ Okay ▪ Poor

Stressful events or worries today: _____

_____

Medications & Supplements Taken Today:

_____

_____

Physical Activity: ▪ None ▪ Light (walking) ■ Moderate ▪ Vigorous

Type and duration: _____

Notes, Observations & Patterns:

(What made brain fog better or worse today? Any connections you're noticing?)

_____

_____

_____

Pattern Analysis & Reflection

After 14 days of tracking, review your entries and answer these questions to identify patterns:

1. What time of day is your brain fog typically worst?

2. What patterns do you notice with sleep? (Does poor sleep quality or quantity predict worse brain fog the next day?)

3. Are there specific foods or eating patterns associated with worse brain fog?

4. How does stress affect your symptoms?

5. Are there any medications or supplements that seem to worsen or improve your fog?

6. What activities or situations make your brain fog better?

7. What activities or situations make it worse?

8. Based on your tracking, what are your top 3 suspected root causes?

a. _____

b. _____

c. _____

9. What's one change you're committed to making based on what you learned?

Next Steps: Share this journal with your healthcare provider and discuss the patterns you've identified. Consider scheduling comprehensive lab work to test for nutritional deficiencies, thyroid function, and inflammation markers.