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

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:	_//_					Tir	ne Comp	oleting Jo	urnal:	AM/PM	
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal			Mild			Moderate	•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up dur	ing night:	· Yes ■ N	lo How	many time	s?	Fe	t rested up	pon wakin	ıg: ■ Yes ■	No	
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 1 Tracking

Date:	_//_					Tir	ne Comp	oleting Jo	urnal:	AM/PM	
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal			Mild			Moderate	•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up dur	ing night:	· Yes ■ N	lo How	many time	s?	Fe	t rested up	pon wakin	ıg: ■ Yes ■	No	
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 3 Tracking

			Mild			Moderate	•		Severe		E
1	2	3	4	5	6	7	8	9	10		
nptoms Ex	perienc	ed Toda	ay: (Che	ck all tha	at apply)						
■ Poor conc	entration			■ Mer	mory probl	ems			■ Slowed	thinking	
■ Word-findi	ing difficult	:y		■ Mer	ntal fatigue				■ Difficulty	making decisions	
■ Confusion	/disorienta	tion		■ Tro	uble readir	ng/compre	hending		■ Other: _		
ep Last Niç	ght:										
Hours slept: _						Qu	ality: ■ Po	or ■ Fai	r ■ Good	■ Excellent	
Woke up duri	ng night: =	Yes ■ N	lo How	many time	s?	_ Fe	It rested up	on wakin	g: ■ Yes ■	■ No	
er: ses of water c ess & Mood Stress level: I essful events or	onsumed: d: ■ Low ■ I		Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	: ■ Good		■ Poor	
dications 8	Supple	ements	Taken T	oday:							
		lone ■ L	_ight (wa	lking)		ıte∎ Vig	orous				
rsical Active	-										

Day 4 Tracking

Brain Fog Sev	ority To	dov: (C	irolo ono								
Minimal	erity 10	uay: (C	Mild	;)		Moderate	1		Severe		Extren
1	2	3	4	5	6	7	8	9	10		
symptoms Ex	perienc	ed Toda	ay: (Che	ck all tha	at apply)					_	
■ Poor conce	entration			■ Men	nory probl	ems			■ Slowed	d thinking	
■ Word-findi	ng difficult	у		■ Men	ntal fatigue				■ Difficulty	y making decisions	
■ Confusion/	disorienta	tion		■ Trou	uble readir	ng/compre	hending		Other: _		
Bleep Last Nig	ht:										
Hours slept: _						Qu	ality: I Po	oor ■ Fai	r ■ Good	■ Excellent	
Woke up durir	ng night: •	Yes ■ N	lo How i	many time	s?	_ Fel	t rested up	oon wakin	g: ■ Yes	■ No	
unch: inner: nacks: ilasses of water constress & Mood Stress level: Itersful events or	onsumed: Low I	(Caffeine: I ■ High ■	■ None ■	1 cup ■	2-3 cups I	■ 4+ cups	l: ■ Good	d ■ Okay	■ Poor	
ledications &	Supple	ements ⁻	Taken T	oday:							
Physical Activ	-					_					

Day 5 Tracking

Da	te:	//_					Tir	ne Comp	leting Jo	urnal:	AM/PM	
Brain	Fog Sev	erity To	day: (C	ircle one))							
	Minimal			Mild			Moderate	•		Severe		Extreme
	1	2	3	4	5	6	7	8	9	10		
Symp	toms Ex	perience	ed Toda	y: (Che	ck all tha	at apply))					
	Poor conc	entration			■ Mer	mory probl	ems			■ Slowed tl	hinking	
•	Word-findi	ng difficult	y		■ Mer	ntal fatigue)			■ Difficulty r	making decisions	
	Confusion	/disorienta	tion		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep	Last Nig	ght:										
•	urs slept: _						Qu	ality: ■ Po	oor ■ Fai	r∎ Good ∎	Excellent	
Wo	ke up duri	ng night: •	Yes ■ N	lo How	many time	s?	Fe	t rested up	oon wakin	g: ■ Yes ■	No	
Breakfas Lunch: _ Dinner: _ Snacks: Glasses Stress Str Stressfu	of water c	onsumed:	Moderate	Caffeine: I	■ None ■	I 1 cup ■	2-3 cups I	■ 4+ cups	d: ■ Good	 d ■ Okay ∎	Poor	
Physic	cal Activ	vity: ■ N	one ■ L	ight (wa	lking)	l Modera	ate∎ Vig	orous				
Type an	d duration:											
		rations & erain fog			rse toda	ay? Any	connec	tions ye	ou're no	oticing?)		

Day 6 Tracking

Minimal		Mild			Moderate			Severe		Extreme
1 2	3	4	5	6	7	8	9	10		
ymptoms Experie	nced Toda	ay: (Che	ck all tha	at apply))					
■ Poor concentration	on		■ Mer	mory probl	ems			■ Slowed	l thinking	
■ Word-finding diffi	culty		■ Mer	ntal fatigue)			■ Difficulty	y making decisions	
■ Confusion/disorie	entation		■ Tro	uble readir	ng/comprel	hending		Other: _		
leep Last Night:										
Hours slept:	_				Qu	ality: I Po	oor ■ Fair	r ■ Good	■ Excellent	
Woke up during nigh	t: ■ Yes ■ N	lo How i	many time	s?	Fel	t rested up	oon wakin	g: ■ Yes ⊨	■ No	
nner:nacks: asses of water consum tress & Mood: Stress level: ■ Low ressful events or worrie	ed:0	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups ■	■ 4+ cups	l: ■ Good	okay i	■ Poor	
edications & Sup	plements ⁻	Taken T	oday:							
hysical Activity: pe and duration: otes, Observation					_	orous				
ULUB, UDBEI VALIUII	3 CK Faller	IIO.								

Day 6 Tracking

Minimal		Mild			Moderate			Severe		Extreme
1 2	3	4	5	6	7	8	9	10		
ymptoms Experie	nced Toda	ay: (Che	ck all tha	at apply))					
■ Poor concentration	on		■ Mer	mory probl	ems			■ Slowed	l thinking	
■ Word-finding diffi	culty		■ Mer	ntal fatigue)			■ Difficulty	y making decisions	
■ Confusion/disorie	entation		■ Tro	uble readir	ng/comprel	hending		Other: _		
leep Last Night:										
Hours slept:	_				Qu	ality: I Po	oor ■ Fair	r ■ Good	■ Excellent	
Woke up during nigh	t: ■ Yes ■ N	lo How i	many time	s?	Fel	t rested up	oon wakin	g: ■ Yes ⊨	■ No	
nner:nacks: asses of water consum tress & Mood: Stress level: ■ Low ressful events or worrie	ed:0	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups ■	■ 4+ cups	l: ■ Good	okay i	■ Poor	
edications & Sup	plements ⁻	Taken T	oday:							
hysical Activity: pe and duration: otes, Observation					_	orous				
ULUB, UDBEI VALIUII	3 CK Faller	IIO.								

Day 7 Tracking

Date:	.//_					Tir	ne Comp	leting Jo	urnal:	AM/PM	
Brain Fog Sev	erity To	day: (C	ircle one))							
Minimal			Mild			Moderate)		Severe		Extrem
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	perienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cond	entration			■ Mei	mory probl	ems			■ Slowed	thinking	
■ Word-find	ing difficult	ty		■ Mei	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	/disorienta	ıtion		■ Tro	uble readir	ng/compre	hending		Other: _		
Sleep Last Nig	ght:										
Hours slept: _						Qu	ıality: ■ Pe	oor ■ Fai	ir ∎ Good	■ Excellent	
Woke up duri	ng night: •	Yes ■ N	lo How	many time	es?	Fe	lt rested up	pon wakin	ıg: ■ Yes ı	■ No	
onnch: Sinacks: Silasses of water continued to the stress & Mood Stress level: Stressful events or	onsumed: d: Low		Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		■ Poor	
Medications 8	k Supple	ements	Taken T	oday:							
Physical Activ	-		• ,	•		_	orous				
Notes, Observ				rse toda	ay? Any	connec	ctions ye	ou're no	oticing?)		

Day 8 Tracking

								J	urnal:		
in Fog Sev	-	oday: (C		e)							_
Minimal		_	Mild			Moderate	1		Severe	1	E
1	2	3	4	5	6	7	8	9	10		
mptoms Ex	perienc	ed Toda	ay: (Che	ck all th	at apply)						
■ Poor cond	centration			■ Mer	mory proble	ems			■ Slowed	thinking	
Word-find	ling difficult	ty		■ Mer	ntal fatigue				■ Difficulty	making decisions	
Confusion	n/disorienta	ition		■ Tro	uble readin	g/compre	hending		Other: _		
eep Last Ni	ght:										
Hours slept:						Qu	ality: ■ Po	oor ■ Fai	r ■ Good ।	■ Excellent	
Woke up duri	ing night: =	Yes ■ N	lo How	many time	s?	_ Fe	lt rested up	oon wakin	g: ■ Yes ■	• No	
acks:acks:asses of water of ress & Moore Stress level: essful events of	consumed: d: Low I	(Caffeine: I ■ High ■	■ None ■	1 1 cup ■ 2	2-3 cups I Ov	■ 4+ cups	l: ■ Good	i ■ Okay ∎	ı Poor	
edications 8	& Supple	ements [*]	Taken T	oday:							
nysical Activ	-		•	O,		Ū	orous				
oe and duration	:										

Day 9 Tracking

Date:	_//_					Tir	ne Comp	oleting Jo	urnal:	AM/PM	
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal			Mild			Moderate	•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up dur	ing night:	· Yes ■ N	lo How	many time	s?	Fe	t rested up	pon wakin	ıg: ■ Yes ■	No	
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 10 Tracking

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ced Tod	4 ay: (Che	ck all th Mei	6 at apply) mory proble ntal fatigue	7 ems	1	9	10		Extren
ced Tod	ay: (Che	ck all th Mei	at apply) mory proble ntal fatigue	ems	8	9			
lty ation		■ Me	mory proble	ems			■ Slowed t		
ation	No How	■ Me	ntal fatigue	•			■ Slowed t		
ation	No How		· ·					hinking	
	No How	■ Tro	uble readir	ng/compre			■ Difficulty	making decisions	
■ Yes ■ I	No How				hending		Other:		
■ Yes ■ i	No How								
■ Yes ■ I	No How			Qu	ality: ■ Po	oor ■ Fair	r ■ Good ■	Excellent	
	10 1100	many time	es?	Fe	lt rested up	oon wakin	g: ■ Yes ■	No	
:	Caffeine: I ■ High ■	■ None ■	I 1 cup ■ :	2-3 cups I Ov	■ 4+ cups	l: ■ Good		Poor	
ements	Taken T	oday:							
	•	0,		Ū	orous				
		rse toda	ay? Any	connec	etions ye	ou're no	oticing?)		
	& Patte	& Patterns:	& Patterns:	& Patterns:	& Patterns:	& Patterns:	& Patterns:		& Patterns:

Day 11 Tracking

Date:	Date:/ Time Completing Jour								ournal:	AM/PM	
Brain Fog Se	verity To	oday: (C	ircle one))							
Minimal			Mild		Moderate				Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	xperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor con	centration			■ Mer	mory probl	ems			■ Slowed	thinking	
■ Word-find	ding difficul	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readii	ng/compre	hending		Other: _		
Sleep Last Ni	ght:										
Hours slept:						Qu	ıality: ■ P	oor ■ Fai	ir ■ Good ■	■ Excellent	
Woke up dur	ring night: •	■ Yes ■ N	lo How	many time	es?	Fe	lt rested up	pon wakin	ng: ■ Yes ■	No	
Breakfast: Lunch: Dinner: Snacks: Glasses of water of the stress & Moo Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 6	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser	n:			•		_	orous				
(What made	brain fog	g better	or wo	rse toda	ay? Any	connec	ctions ye	ou're ne	oticing?)		

Day 12 Tracking

Date:/ Time Completing Journal										AM/PM	1
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal	Minimal			Mild			•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up during night: ■ Yes ■ No How many times? Felt rested upon waking: ■ Yes ■ No											
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 13 Tracking

Date:/ Time Completing Journal										AM/PM	1
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal	Minimal			Mild			•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up during night: ■ Yes ■ No How many times? Felt rested upon waking: ■ Yes ■ No											
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 11 Tracking

Date:	Date:/ Time Completing Jour								ournal:	AM/PM	
Brain Fog Se	verity To	oday: (C	ircle one))							
Minimal			Mild		Moderate				Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	xperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor con	centration			■ Mer	mory probl	ems			■ Slowed	thinking	
■ Word-find	ding difficul	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readii	ng/compre	hending		Other: _		
Sleep Last Ni	ght:										
Hours slept:						Qu	ıality: ■ P	oor ■ Fai	ir ■ Good ■	■ Excellent	
Woke up dur	ring night: •	■ Yes ■ N	lo How	many time	es?	Fe	lt rested up	pon wakin	ng: ■ Yes ■	No	
Breakfast: Lunch: Dinner: Snacks: Glasses of water of the stress & Moo Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 6	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser	n:			•		_	orous				
(What made	brain fog	g better	or wo	rse toda	ay? Any	connec	ctions ye	ou're ne	oticing?)		

Day 12 Tracking

Date:/ Time Completing Journal										AM/PM	1
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal	Minimal			Mild			•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	ir ■ Good ■	Excellent	
Woke up during night: ■ Yes ■ No How many times? Felt rested upon waking: ■ Yes ■ No											
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 13 Tracking

Date:/ Time Completing Journal										AM/PM	1
Brain Fog Se	verity To	oday: (C	ircle one	e)							
Minimal	Minimal			Mild			•		Severe		Extreme
1	2	3	4	5	6	7	8	9	10		
Symptoms Ex	kperienc	ed Toda	ay: (Che	ck all th	at apply))					
■ Poor cone	centration			■ Mer	mory probl	ems			■ Slowed t	hinking	
■ Word-find	ling difficult	ty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion	n/disorienta	ation		■ Tro	uble readir	ng/compre	hending		Other:		
Sleep Last Ni	ght:										
Hours slept:						Qu	ality: I Po	oor ■ Fai	r∎ Good ■	Excellent	
Woke up during night: ■ Yes ■ No How many times? Felt rested upon waking: ■ Yes ■ No											
Food & Hydra Breakfast: Lunch: Dinner: Snacks: Glasses of water of Stress & Moo Stress level: Stressful events of	consumed:	Moderate	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups I Ov	■ 4+ cups	d: ■ Good		Poor	
Medications 8	& Supple	ements '	Taken T	oday:							
Physical Acti Type and duration Notes, Obser (What made	vations	& Patter	ns:					ou're no	oticing?)		

Day 14 Tracking

Minimal		Mild			Moderate			Severe		Extreme
1 2	3	4	5	6	7	8	9	10]	
ymptoms Experie	enced Toda	ay: (Che	ck all tha	at apply))					
■ Poor concentrati	on		■ Mer	mory probl	ems			■ Slowed	thinking	
■ Word-finding diff	iculty		■ Mer	ntal fatigue)			■ Difficulty	making decisions	
■ Confusion/disori	entation		■ Tro	uble readir	ng/comprel	hending		Other: _		
leep Last Night:										
Hours slept:	_				Qua	ality: I Po	oor ■ Fair	r ■ Good	■ Excellent	
Woke up during nig	ht: ■ Yes ■ N	lo How i	many time	s?	Fel	t rested up	oon wakin	g: ■ Yes	■ No	
inner:	ned:	Caffeine: I ■ High ■	■ None ■	I 1 cup ■	2-3 cups ■	■ 4+ cups	d: ■ Good	I ■ Okay i	■ Poor	
ledications & Sup	plements	Taken T	oday:							
hysical Activity:					_	orous				
utes. Upservatio	15 & Patter	115.								

Pattern Analysis & Reflection

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

orse brain fog the next day?)

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.

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