

# Brain Fog Self-Assessment

*15 Questions Your Doctor Should Be Asking — and What Your Answers Mean*

## Why "Brain Fog" Deserves Better Than a Shrug

You've probably heard — or said — "I just have brain fog." It's become a catch-all for cognitive symptoms that range from annoying to life-altering. But brain fog isn't a diagnosis. It's a signal. And the right questions can help identify what's causing it.

The problem: most doctors don't have time to systematically explore cognitive complaints. A 15-minute visit barely covers "how's your blood pressure?" — let alone a nuanced cognitive history. This assessment fills that gap.

**How to Use This Guide:** Complete the 15 questions honestly. Score yourself using the rubric at the end. Bring your completed assessment to your next doctor's appointment — it gives your physician a structured starting point and saves precious appointment time.

**⚠ Important:** This is a self-assessment tool, not a diagnostic instrument. It cannot replace clinical evaluation. If you're experiencing sudden cognitive changes, confusion, or disorientation, seek immediate medical attention.

## The 15 Questions

### Section A: Pattern Recognition

#### 1 When did your brain fog start?

- Gradually over months/years
- Suddenly, I can pinpoint approximately when
- After a specific event (illness, surgery, medication change, trauma)
- I've always been this way, but it's gotten worse

*Why it matters: Sudden onset suggests a specific trigger (infection, medication, metabolic change). Gradual onset points toward chronic conditions, hormonal shifts, or progressive issues.*

**2 Is your brain fog constant or does it come and go?**

- Constant — I never feel sharp
- Fluctuates through the day (worse at specific times)
- Comes in episodes lasting hours to days
- Cyclical — correlates with menstrual cycle, seasons, or other patterns

*Why it matters: Constant fog suggests metabolic, inflammatory, or sleep-related causes. Fluctuating fog points to blood sugar dysregulation, hormonal patterns, or medication timing. Cyclical patterns may indicate hormonal or autoimmune drivers.*

**3 What specific cognitive tasks are hardest?**

- Word-finding (tip-of-the-tongue moments)
- Short-term memory (forgetting why I walked into a room)
- Concentration/sustained attention
- Processing speed (everything feels slower)
- Executive function (planning, organizing, decision-making)
- All of the above

*Why it matters: Different cognitive domains point to different causes. Word-finding issues suggest language network involvement. Memory problems may point to hippocampal stress. Executive dysfunction often correlates with sleep deprivation or mood disorders.*

## Section B: The Usual Suspects

### 4 How is your sleep — honestly?

- I sleep 7–9 hours and wake refreshed
- I sleep enough hours but don't feel rested
- I sleep less than 6 hours most nights
- I wake frequently (>2x/night)
- I've been told I snore loudly or stop breathing

*Why it matters: Undiagnosed sleep apnea is the #1 missed cause of brain fog. "Sleeping enough hours" means nothing if the sleep architecture is disrupted. Snoring + daytime fog = get a sleep study.*

### 5 List every medication, supplement, and substance you use regularly.

Prescription medications: \_\_\_\_\_

OTC medications (antihistamines, PPIs, NSAIDs): \_\_\_\_\_

Supplements: \_\_\_\_\_

Alcohol (drinks/week): \_\_\_\_\_ Cannabis: \_\_\_\_\_ Caffeine: \_\_\_\_\_

*Why it matters: Anticholinergic medications (Benadryl, certain bladder meds, tricyclics) are notorious brain fog culprits. PPIs can cause B12 deficiency. Statins occasionally cause cognitive effects. Even "natural" supplements can interact.*

### 6 Rate your stress level from 1-10 and describe your emotional state.

Stress level: \_\_\_\_/10

- I feel anxious most of the time
- I feel depressed or emotionally flat
- I'm going through a major life stressor
- My mood is generally fine; this feels purely cognitive

*Why it matters: Depression and anxiety directly impair concentration, memory, and processing speed. This isn't "it's all in your head" — these are neurochemical effects on cognitive function. Treating mood often resolves fog.*

### 7 Describe your diet in the last 48 hours.

- Regular balanced meals
- High in processed/fast food
- Skipping meals or intermittent fasting

Restricted diet (keto, vegan, elimination)

High sugar/refined carbs

Water intake: \_\_\_\_\_ glasses/day

*Why it matters: Blood sugar swings cause brain fog directly. Dehydration impairs cognition measurably at just 1-2% deficit. Restrictive diets can create B12, iron, or omega-3 deficiencies that affect cognition.*

## Section C: Deeper Investigation

### 8 Have you had any of these in the past 2 years?

- COVID-19 infection
- Concussion or head injury
- General anesthesia
- Chemotherapy or radiation
- Lyme disease or other tick-borne illness
- Mononucleosis (EBV)
- None of the above

*Why it matters: Post-COVID cognitive dysfunction affects 10-30% of those infected. Post-concussive syndrome can persist for months. Chemo brain is real and treatable. These causes require specific management approaches.*

### 9 Do you have any diagnosed autoimmune or thyroid conditions?

- Hashimoto's / hypothyroidism
- Lupus, MS, rheumatoid arthritis, or other autoimmune
- Celiac disease
- No autoimmune conditions diagnosed
- I have symptoms suggestive but undiagnosed

*Why it matters: Thyroid dysfunction is the most common treatable cause of brain fog. Even "subclinical" hypothyroidism (TSH 3-5) causes cognitive symptoms in some people. Autoimmune inflammation directly affects brain function.*

### 10 For women: Where are you in your hormonal lifecycle?

- Regular menstrual cycles, fog correlates with cycle
- Perimenopause (irregular periods, age 40-55)
- Postmenopausal
- On hormonal birth control
- Pregnant or postpartum
- Not applicable

*Why it matters: Estrogen is neuroprotective. The perimenopausal transition causes documented cognitive changes in 60%+ of women. This is physiological, not psychological, and HRT may help.*

**11 How much are you on screens daily?**

Total screen time: \_\_\_\_\_ hours/day

- I use screens within 1 hour of bedtime
- I multitask heavily (multiple tabs, phone + laptop)
- I rarely take breaks from screens during work

*Why it matters: Chronic attention-switching (tab hopping, notification checking) fragments cognitive capacity. Blue light exposure before bed disrupts melatonin. Digital overload is increasingly recognized as a cognitive stressor.*

**12 What does your exercise routine look like?**

- Sedentary (less than 30 min activity/day)
- Light activity (walking, stretching)
- Moderate exercise 3-5x/week
- Intense exercise daily (could be overtraining)

*Why it matters: Exercise is the single most evidence-supported intervention for cognitive function. Sedentary behavior is a direct brain fog contributor. But overtraining can also cause fatigue and cognitive dulling.*

## Section D: Red Flags

### 13 Have you noticed any of these accompanying symptoms?

- Headaches (new or worsening)
- Vision changes
- Numbness, tingling, or weakness
- Unexplained weight changes
- Night sweats
- Balance or coordination problems
- Personality or behavior changes noticed by others

*Why it matters: These accompanying symptoms can point to neurological conditions that require urgent evaluation. Personality changes noticed by others are particularly important — they may indicate something you can't self-assess.*

### 14 Is your brain fog getting progressively worse?

- No — it's stable
- It fluctuates but isn't trending worse
- Yes — noticeably worse over the past 6 months
- Yes — rapidly worse over weeks

*Why it matters: Progressive worsening warrants more aggressive workup. Rapid decline over weeks is a red flag that needs prompt medical evaluation.*

### 15 Do you have a family history of cognitive decline, dementia, or Alzheimer's?

- Yes — parent or sibling before age 65
- Yes — grandparent or more distant relative
- No known family history
- Unknown

*Why it matters: Family history doesn't mean destiny, but it influences which workup is appropriate and how urgently. Early-onset family history (before 65) is more significant.*

## What to Ask Your Doctor For

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Based on the most common treatable causes of brain fog, consider requesting these labs if they haven't been checked recently:

Test	What It Rules Out	Often Missed?
TSH + Free T4 + TPO antibodies	Thyroid dysfunction (including subclinical)	TPO often skipped
Complete metabolic panel	Kidney/liver issues, electrolytes, glucose	Usually checked
CBC with differential	Anemia, infection	Usually checked
Vitamin B12 + folate	B12 deficiency (especially if on PPI/metformin)	Often missed
Vitamin D (25-OH)	Vitamin D deficiency	Sometimes checked
Ferritin	Iron deficiency (even without anemia)	Often missed
Hemoglobin A1c	Diabetes/prediabetes	Sometimes checked
Inflammatory markers (CRP, ESR)	Systemic inflammation	Often missed
Sleep study referral	Sleep apnea	Very often missed

**Bring this completed assessment to your next appointment.** It transforms a vague "I have brain fog" complaint into a structured clinical conversation. Your doctor will thank you. Visit [brain-fog-decoder.wedgekit.com](https://brain-fog-decoder.wedgekit.com) for interactive tools and personalized next steps.

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