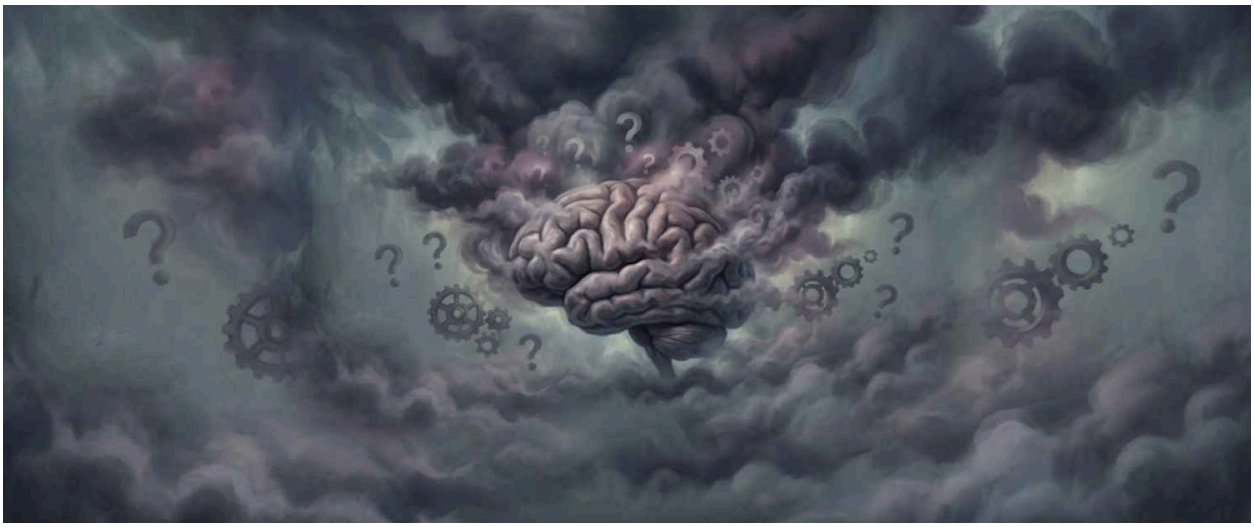

Brain Fog Checklist

From Dr. Shabnam Das Kar, MD

A practical guide to understanding, investigating, and addressing brain fog

Part 1: Understanding Your Symptoms

Brain fog is not a single diagnosis. It is a symptom that can be caused by many conditions and is often severe enough to interfere with daily functioning.

Common descriptions include: feeling as though thoughts are moving through a thick liquid, feeling less sharp than usual, difficulty finding words, mental fatigue, and symptoms that fluctuate from day to day.

Part 2: Conditions That Can Cause Brain Fog — Discuss With Your Healthcare Practitioner

- ☐ Hormonal changes: perimenopause, menopause, postpartum
- ☐ Thyroid dysfunction
- ☐ Blood sugar dysregulation
- ☐ Nutritional deficiencies: iron, vitamin B12, B complex vitamins, vitamin D, omega-3 fatty acids

- [ ] Sleep disorders: chronic insomnia or obstructive sleep apnoea
- [ ] ME/CFS and fibromyalgia
- [ ] Long COVID and post-viral illness
- [ ] Autoimmune conditions: multiple sclerosis, rheumatoid arthritis, lupus, Hashimoto's thyroiditis
- [ ] Migraines
- [ ] History of concussion or traumatic brain injury
- [ ] Medication side effects: antiseizure medications (gabapentin, pregabalin, valproate), antidepressants, antiparkinsonian drugs, antipsychotics, lithium, benzodiazepines and Z-drugs, opioids, first-generation antihistamines, drugs for urinary incontinence, proton pump inhibitors, glucocorticoids, NSAIDs, statins, blood pressure medications (beta-blockers), and chemotherapeutic agents — if brain fog developed or worsened after starting a medication, a review with the prescribing physician is warranted
- [ ] Alcohol use: Even moderate regular consumption can impair cognitive clarity
- [ ] Cannabis use: regular use has been associated with reduced processing speed and working memory
- [ ] Ultra-processed food: high consumption has been associated with accelerated cognitive decline
- [ ] Lyme disease

Part 3: Laboratory Tests

There is no single test for brain fog. Tests will depend on medical history, symptom severity, and age.

- [ ] Complete blood count (CBC)
- [ ] Iron studies: serum ferritin, serum iron, transferrin saturation
- [ ] Thyroid function: TSH, free T3, free T4, and thyroid antibodies
- [ ] FSH: to confirm menopause (Measuring estrogen and progesterone levels is not useful in perimenopause when women are still cycling)

- [ ] Vitamin B12
- [ ] Vitamin D3
- [ ] Fasting blood glucose, fasting insulin, and HbA1c
- [ ] High-sensitivity CRP
- [ ] Omega-3 index (EPA and DHA levels)
- [ ] Autoimmune markers, if indicated
- [ ] Lyme disease evaluation, if indicated

Part 4: Self-Directed Steps

Food

- [ ] Aim for approximately 1–1.2 grams of protein per kilogram of body weight per day
- [ ] If vegetarian or vegan, consider a quality protein supplement to meet requirements without excess carbohydrate load
- [ ] Reduce ultra-processed foods: soft drinks, packaged snacks, flavoured cereals, processed meats, and fast food
- [ ] If blood glucose patterns are unclear, consider using a continuous glucose monitor (CGM) to identify reactive drops after meals

Sleep

- [ ] If chronic insomnia is present, look into Cognitive Behavioural Therapy for Insomnia (CBT-I) — evidence-based and available online without a referral
- [ ] If sleep remains unrefreshing despite adequate hours, ask a healthcare practitioner about a sleep study to rule out obstructive sleep apnoea

Pacing

- [ ] Track baseline energy for one week — note activities, duration, and how you felt during and afterward

☐ Identify your energy envelope — the level of activity you can sustain without triggering symptom worsening

☐ Break tasks into smaller parts with planned rest periods in between

☐ Plan rest proactively — before fatigue sets in, not only after

☐ Resist the boom-and-bust cycle — consistency matters more than output on any single day

☐ Expand activity gradually — only increase when a stable baseline has been maintained for at least two weeks

Food Sensitivities

☐ Consider a guided elimination protocol: remove gluten, dairy, soy, corn, sugar, processed grains, alcohol, and caffeine for two weeks, then reintroduce one at a time

☐ Work with a healthcare practitioner trained in elimination diets for best results

Alcohol and Cannabis

☐ Consider a four to six-week period of reduction or elimination to assess the effect on cognitive clarity and sleep

This checklist is for educational purposes only. It does not constitute medical advice. Please work with a qualified healthcare provider to determine which steps are appropriate for your individual situation.
