MAPLE MENOPAUSE COMPANION WORKSHEET

The Brain Fog Confidence Toolkit

Protecting competence, reducing cognitive load and preparing useful questions

Use what fits	Skip any prompt that is not useful or safe. These pages are for reflection, not scoring, diagnosis or proving that you are coping correctly.

A forgotten word can be annoying; a run of them can shake confidence. This worksheet separates the symptom from the story it triggers, while taking genuine cognitive change seriously.

Before you begin

Choose a time and place that feels manageable. You may write, dictate notes, discuss a prompt with someone you trust or leave the page blank.

What would make this worksheet useful today?

Related Maple Menopause article

https://maplemenopause.com/menopause-brain-fog-memory/

Describe the difficulty precisely

Specific patterns are more useful than a global verdict such as “my brain is broken.”

What happened - word retrieval, attention, task switching, prospective memory or something else?

When is it better or worse? Consider sleep, stress, hot flashes, workload, medications, alcohol, pain and illness.

What expertise and abilities are still working?

Symptom, interpretation, balanced view

This CBT-informed reflection does not argue the symptom away. It asks whether the first interpretation is the only plausible one.

Situation: What happened?

Automatic thought: What did you tell yourself it meant?

Evidence and context: What supports or complicates that conclusion?

Balanced view: Write a statement that is accurate without being cruel or dismissive.

Design the environment

External supports are tools, not evidence of incompetence. Reduce cognitive load instead of asking memory to compensate for every interruption.

Choose two supports: one capture place, written follow-ups, calendar alerts, checklists, fewer notifications, single-tasking, protected focus time, labelled storage.

What workplace or household adjustment would remove avoidable switching or interruption?

What changes are new, progressive, unsafe or disruptive enough to discuss with a clinician? Write two appointment questions.

A realistic next step	Choose one action small enough to complete or clearly request. If the problem is structural, medical or relational, the next step may be seeking support rather than changing your thoughts.

Support and limits

Seek assessment for new, progressive or significant cognitive change, especially when it affects safety or daily function. Sudden confusion, weakness, speech difficulty or other acute neurological symptoms require urgent medical attention.

Approach note: the thought exercise is a simplified CBT adaptation; external-memory strategies are practical cognitive supports. Sources: American Psychological Association, “What is Cognitive Behavioral Therapy?”; The Menopause Society patient education on cognition and menopause.

Educational reflection tool only. Not a substitute for individualized medical care, psychotherapy, crisis care, legal advice or workplace accommodation.