

Postpartum Food & Mood Tracker

Identify your food triggers, energy patterns, and symptom connections

Why Track Your Food & Mood?

The postpartum period brings many changes to your body. What you eat can influence your energy levels, mood, digestive health, and even breastfeeding symptoms. This tracker helps you identify patterns between your food choices and how you feel physically and emotionally afterward.

How to Use This Tracker:

1. Record the time, foods eaten, and beverages consumed at each meal or snack.
2. Approximately 30 minutes to 2 hours after eating, note your mood, energy level, and any symptoms you experience.
3. Rate your overall feeling on a scale of 1-5 (see rating guide below).
4. Track your water intake throughout the day.
5. At the end of each day, make additional notes about sleep, stress levels, or exercise that might affect how you feel.
6. After tracking for a week, review your notes to identify patterns between specific foods and symptoms.

Mood & Energy Rating Guide:



Very Poor
(Exhausted,
irritable)



Poor
(Low energy,
foggy)



Neutral
(Okay, stable)



Good
(Energetic,
positive)



Excellent
(Vibrant, focused)

Common Postpartum Symptoms to Watch For:

<input type="checkbox"/> Bloating	<input type="checkbox"/> Gas	<input type="checkbox"/> Headache	<input type="checkbox"/> Brain fog
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Skin changes	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Digestive issues	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/> Irritability	<input type="checkbox"/> Breast discomfort
<input type="checkbox"/> Constipation	<input type="checkbox"/> Acid reflux	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other: _____

Week of: _____

Name: _____

Day 1: _____

Time	Food & Drinks	Mood/Energy (1-5)	Symptoms (if any)	Notes	Water
Breakfast _____					
Snack _____					
Lunch _____					
Snack _____					
Dinner _____					
Evening _____					

Today's Reflection:

Sleep quality/hours: _____ Exercise: _____ Stress level (1-5): _____

Additional notes: How did you feel overall today? Did you notice any patterns or triggers?

Day 2: _____

Time	Food & Drinks	Mood/Energy (1-5)	Symptoms (if any)	Notes	Water
Breakfast _____					 
Snack _____					
Lunch _____					 
Snack _____					
Dinner _____					 
Evening _____					

Today's Reflection:

Sleep quality/hours: _____ Exercise: _____ Stress level (1-5): _____

Additional notes: How did you feel overall today? Did you notice any patterns or triggers?

Weekly Patterns & Insights

Foods That Energized Me:

Foods That May Have Triggered Symptoms:

Mood/Energy Patterns I Noticed:

Changes I Want to Make Next Week: