NNN 30-DAY PRIVATE TRACKER

A simple record for your own rules—not a health score or a test of worth.

MY GOAL _____

MY RULE IN ONE SENTENCE _____

IF I NEED TO STOP OR RELEASE, I WILL _____

MARK ONE STATE PER DAY (D) Done (M) Missed (S) Skip (·) Blank

DAY 1 D M S · Trigger / adjustment:	**DAY 2** D M S · Trigger / adjustment:	**DAY 3** D M S · Trigger / adjustment:	**DAY 4** D M S · Trigger / adjustment:	**DAY 5** D M S · Trigger / adjustment:
DAY 6 D M S · Trigger / adjustment:	**DAY 7** D M S · Trigger / adjustment:	**DAY 8** D M S · Trigger / adjustment:	**DAY 9** D M S · Trigger / adjustment:	**DAY 10** D M S · Trigger / adjustment:
DAY 11 D M S · Trigger / adjustment:	**DAY 12** D M S · Trigger / adjustment:	**DAY 13** D M S · Trigger / adjustment:	**DAY 14** D M S · Trigger / adjustment:	**DAY 15** D M S · Trigger / adjustment:
DAY 16 D M S · Trigger / adjustment:	**DAY 17** D M S · Trigger / adjustment:	**DAY 18** D M S · Trigger / adjustment:	**DAY 19** D M S · Trigger / adjustment:	**DAY 20** D M S · Trigger / adjustment:
DAY 21 D M S · Trigger / adjustment:	**DAY 22** D M S · Trigger / adjustment:	**DAY 23** D M S · Trigger / adjustment:	**DAY 24** D M S · Trigger / adjustment:	**DAY 25** D M S · Trigger / adjustment:
DAY 26 D M S · Trigger / adjustment:	**DAY 27** D M S · Trigger / adjustment:	**DAY 28** D M S · Trigger / adjustment:	**DAY 29** D M S · Trigger / adjustment:	**DAY 30** D M S · Trigger / adjustment:

A Missed day does not erase the rest of the month. Keep the record accurate and useful.

WEEKLY REVIEW + OPTIONAL CHASTITY COMFORT CHECK

Keep only the information that helps your next decision.

WEEK 1 REVIEW

The situation that mattered most: _____

The response that helped or did not help: _____

One adjustment for next week: _____

WEEK 2 REVIEW

The situation that mattered most: _____

The response that helped or did not help: _____

One adjustment for next week: _____

WEEK 3 REVIEW

The situation that mattered most: _____

The response that helped or did not help: _____

One adjustment for next week: _____

WEEK 4 REVIEW

The situation that mattered most: _____

The response that helped or did not help: _____

One adjustment for next week: _____

OPTIONAL DAILY COMFORT CHECK FOR CHASTITY WEARERS

- ☐ Comfort and normal sensation
- ☐ Skin and hygiene check
- ☐ Urination is normal
- ☐ Release access works immediately

STOP SIGNALS OVERRIDE THE STREAK

Remove the device for pain, numbness, marked swelling, unusual color or coldness, broken skin, difficulty urinating or failed release. Seek urgent help for severe symptoms or a trapped device.

PRIVACY NOTE

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This tracker is an organizational tool, not medical advice or a device-safety certification.