

U N M A S K E D

The 3 Non-Negotiables Planner

*a daily anchor system built
for ADHD brains.*



KNOWLEDGE | VALIDATION | EMPOWERMENT

BEFORE YOU START

How to use this planner

Most planners are built for neurotypical brains. They assume you can hold a fifteen-item to-do list without dissolving, that consistency comes naturally, and that you'll fill in every page in order. None of that is how an ADHD brain works.

This planner is built differently. It is short on purpose. Every page exists for a reason. There is no yearly grid, no meal planner, no expense tracker — those don't belong in an ADHD planner. What is here is what consistently helps women with ADHD get a hold on a day, a week, a month.

THE CORE LOGIC

The Daily Planner is built around the **three non-negotiables** rule from *The Daily Containment System*. Three things you commit to. If those get done, the day counts — regardless of what else shifts. Anything beyond three is overflow, and overflow is optional. This single rule changes more about ADHD daily life than any other system in Unmasked.

HOW TO ACTUALLY USE IT

Print it, save it to your tablet, open it on your laptop — whatever fits how you live. Don't aim to fill every page every week. Pick the two or three pages you'll genuinely use and start there. The Symptom Tracker and the Daily Planner are the two most worn pages in my own copy. Yours might be different.

THE RULE

If a planner page makes you feel worse, skip it. The point of this is to reduce the load on your brain — not add a new way to fail. There is no streak. No completion score. Use what helps. Drop what doesn't.

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PLANNER · WEEKLY

How's my brain this week?

Check the ones that showed up — no pressure, just patterns.

SYMPTOM	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Difficulty starting tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty focusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorganisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rejection sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES *What helped, what didn't, what felt like progress*

PLANNER · DAILY

Daily Planner

Date: _____ · Day: M T W T F S S

SCHEDULE

6 AM _____

7 AM _____

8 AM _____

9 AM _____

10 AM _____

11 AM _____

12 PM _____

1 PM _____

2 PM _____

3 PM _____

4 PM _____

5 PM _____

6 PM _____

7 PM _____

8 PM _____

9 PM _____

10 PM _____

THE THREE NON-NEGOTIABLES

If these get done, the day counts.

01 _____

02 _____

03 _____

OVERFLOW (OPTIONAL)

Only if the three are done.

TONIGHT'S BRAIN DUMP

Empty your head before bed.

PLANNER · WEEKLY

Weekly Planner

Week of: _____

MONDAY
3 things

1 _____

2 _____

3 _____

TUESDAY
3 things

1 _____

2 _____

3 _____

WEDNESDAY
3 things

1 _____

2 _____

3 _____

THURSDAY
3 things

1 _____

2 _____

3 _____

FRIDAY
3 things

1 _____

2 _____

3 _____

SATURDAY
3 things

1 _____

2 _____

3 _____

SUNDAY
3 things

1 _____

2 _____

3 _____

PLANNER · MONTHLY

Monthly Planner

Month: _____ Year: _____

S	M	T	W	T	F	S

MONTHLY INTENTIONS

PLANNER · MONTHLY

Mood Tracker

Month: _____

DAY	MOOD	ENERGY	WHAT HAPPENED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

PLANNER · WEEKLY

Sleep & Energy

Week of: _____

DAY	BEDTIME	WAKE	HOURS	ENERGY (1-10)	NOTES
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

WHAT I NOTICED THIS WEEK

Medication Tracker

Week of: _____

MEDICATION	DOSE	TIME	M	T	W	T	F	S	S
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLANNER · ANYTIME

Self-Support Page

For the harder days.

WHAT I'M FEELING

Name it, don't fix it.

WHAT I CAN CONTROL TODAY

Three things, max.

WHAT I'M LETTING GO OF

Not mine to hold.

ONE KIND THING I CAN DO FOR MYSELF

Small. Specific. Doable.

REMINDER TO MYSELF

Whatever you most need to hear.

PLANNER · MONTHLY

Monthly Reflection

Look back gently. Patterns are information, not failure.

WHAT I NOTICED THIS MONTH

Patterns, wins, what helped.

WHAT KEPT SHOWING UP

Symptoms or triggers worth tracking.

WHAT I'M PROUD OF

Even the small things count.

WHAT I'LL TRY DIFFERENTLY

One small experiment for next month.
