

U N M A S K E D

# *The 3 Non-Negotiables Planner*

*a daily anchor system built  
for ADHD brains.*



KNOWLEDGE | VALIDATION | EMPOWERMENT

# 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.

**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.

CONTENTS

# What's in this planner

**01** Weekly ADHD Symptom Tracker

---

**02** Daily Planner — the three non-negotiables

---

**03** Weekly Planner

---

**04** Monthly Planner

---

**05** Mood Tracker

---

**06** Sleep & Energy Tracker

---

**07** Medication Tracker

---

**08** Self-Support Page

---

**09** Monthly Reflection

---

# 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Procrastination           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impulsivity               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Restlessness              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty focusing       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Forgetfulness             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disorganisation           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time blindness            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional dysregulation   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rejection sensitivity     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sensory overload          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Task paralysis            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

NOTES

What helped, what didn’t, what felt like progress

# 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.*

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

### TONIGHT'S BRAIN DUMP

*Empty your head before bed.*

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

# Weekly Planner

Week of: \_\_\_\_\_

|                                     |                               |
|-------------------------------------|-------------------------------|
| <b>MONDAY</b><br><i>3 things</i>    | 1 _____<br>2 _____<br>3 _____ |
| <b>TUESDAY</b><br><i>3 things</i>   | 1 _____<br>2 _____<br>3 _____ |
| <b>WEDNESDAY</b><br><i>3 things</i> | 1 _____<br>2 _____<br>3 _____ |
| <b>THURSDAY</b><br><i>3 things</i>  | 1 _____<br>2 _____<br>3 _____ |
| <b>FRIDAY</b><br><i>3 things</i>    | 1 _____<br>2 _____<br>3 _____ |
| <b>SATURDAY</b><br><i>3 things</i>  | 1 _____<br>2 _____<br>3 _____ |
| <b>SUNDAY</b><br><i>3 things</i>    | 1 _____<br>2 _____<br>3 _____ |

Monthly Planner

Month: \_\_\_\_\_ Year: \_\_\_\_\_

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

MONTHLY INTENTIONS

# 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  |      |        |               |

# 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"/> |

# 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.*

---

---

# 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.*

---

---

---