SAMPLE DAILY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00 am	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
7:15 - 7:45 am	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time
7:30 - 8:30 am	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
9:00-10:00 am	Lecture	Lecture	Lecture	Lecture	Lecture	Video	Structured Group
10:15 am -12:00	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Structured Group	Monitor's Report Unit Meeting Walk
12:00 noon	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:45	GYM or OUTDOOR WALK	FITNESS CLASS or OUTDOOR WALK	GYM or OUTDOOR WALK	FITNESS CLASS or OUTDOOR WALK		STRETCHING or OUTDOOR WALK	
1:25 pm	Monitors Report & Daily Reading	Monitors Report & Daily Reading	Monitors Report & Daily Reading	Monitors Report & Daily Reading	Monitors Report & Daily Reading	Monitors Report & Daily Reading	
2:15 pm	Patient Story or Video	Peer Assessment	Video	Structured Activity	Self Assessment	Step Study Group	I:00 - 4:30 pm VISITING HOURS
3:30 -5:00 pm	Peer Interaction & Assignments/ Mini Groups	Peer Interaction & Assignments/ Mini Groups	Peer Interaction & Assignments/ Mini Groups	Peer Interaction & Assignments/ Mini Groups	Peer Interaction & Assignments/ Mini Groups	Peer Interaction & Assignments/ Mini Groups	
5:00 pm	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
5:45 pm	FITNESS CLASS or OUTDOOR WALK	GYM or OUTDOOR WALK	FITNESS CLASS or OUTDOOR WALK	GYM or OUTDOOR WALK	OUTDOOR WALK	GYM or OUTDOOR WALK	OUTDOOR WALK
	7:00-8:00 Big Book Study	7:00-8:00 Speaker or Patient AA Meeting	7:00-8:00 Step Study	7:00-8:00 Structured Activity	7:30-8:30 AA Meeting Open-Alumni	7:00-8:00 Speaker or Patient AA Meeting	7:00-8:00 Living Sober
8:30 pm	SNACK TIME (Optional) SNACK TIME (Optional) SNACK TIME (Optional) SNACK TIME (Optional)						
9:00-11:00	Significant Events Sheets To Be Turned In Before Bedtime						
	11:30 pm Lights Out	11:30 pm Lights Out	11:30 pm Lights Out	11:30 pm Lights Out	12:30 am Lights Out	12:30 am Lights Out	I I:30 pm Lights Out

^{*}Please note that this is a sample only and schedule may vary slightly to incorporate patient's needs.