
Alcohol-Free Days Calendar

Month: _____ (Chapter 10)

My goal: ☐ the whole month alcohol-free ☐ _____ alcohol-free days
a week, on: _____

Alcohol-free day: mark **X**. Drinking day: **write the number of drinks**; don't leave it blank. Slip, and carry on the next day.

Day	X or drinks	Day	X or drinks
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

End of the month: what situations, and who, were behind the numbered squares? How did sleep, energy and money change?