

DIET CENSUS										MEAL		DATE		REPORTS CONTROL SYMBOL				
TYPE DIET A.	INPATIENT UNITS B.														TOTAL OF DIETS C.	ACUITY FACTOR D.	WT'D DIET CENSUS E.	
1. GENERAL/REGULAR																	1	
2. NPO																	1	
3. TUBE FEEDING																	5	
4. TPN																	7	
5. NO ADDED SALT (3 GM NA)																	1.5	
6. SODIUM RESTRICTED																	4	
7. SOFT/CHRONIC ULCER																	1	
8. DIABETIC + WEIGHT REDUCTION																	5	
9. DIABETIC/CAL/R + Na/R																	7	
10. DIABETIC + PROTEIN/R																	7	
11. PROTEIN RESTRICTED																	7	
12. PROTEIN + MINERAL/R																	7	
13. FAT RESTRICTED (25 OR 50 GM)																	3	
14. CHOLESTEROL LOWERING (STEP 1/STEP 2)																	3	
15. CARDIAC (Na-CHOL-CAFFEINE/R)																	7	
16. FIBER + RESIDUE/R																	3	
17. HIGH FIBER																	1.5	
18. FULL LIQUID																	2	
19. CLEAR LIQUID																	2	
20. MECHANICAL SOFT																	1.5	
21. DENTAL LIQUID																	2	
22. COLD SEMI-LIQUID (T&A LIQUID)																	2	
23. PUREED																	2	
24. PRE-SCHOOL (1-3 YEARS)																	1	
25. INFANT (9-12 MONTHS)																	1	
26. INFANT (4-8 MONTH)																	1	
27. LACTOSE CONTROLLED																	3	
28. HI CAL/PRO/SNACKS																	1.5	
29.																		
30.																		
31.																		
32. CTIM's																	7	
WORKLOAD FACTORS										DATE F.		MONTH G.		COMPUTED TOTAL FOR AF FORM 544 H.				
33. TOTAL GENERAL/REGULAR TRAY MEALS																		
34. TOTAL NPO, TUBE FEEDING AND TPN																		
35. TOTAL THERAPEUTIC TRAY MEALS																		
36. GRAND TOTAL PATIENT TRAY MEALS																		
37. TOTAL CTIMs																		
38. WEIGHTED DIET CENSUS																		
39. MONTHLY WEIGHTED DIET CENSUS FACTOR																		

**INSTRUCTIONS**  
**AF FORM 2573, DIET CENSUS**

**PURPOSE:** Used to calculate workload data and production requirements.

**PROCEDURES:** This form must be completed once daily (normally after the evening meal) using the AF Form 1094, Diet Order, to obtain the number and types of diets served.

If you wish to complete AF Form 2573 after each meal to provide a food production tally, complete only lines 1C through 32C for the other two meals.

1. List the meal (Breakfast, Lunch or Dinner) and date the form.
2. List nursing unit numbers (including ASF) under Inpatient Units.
3. Lines 1B through 32B. Count each type of diet served on each inpatient unit; record the number under the appropriate diet category. Count regular diets supplemented with nourishments under the category "HI Cal/Pro/Snacks". Record diets not listed on the form in the blank spaces provided and assign an acuity factor based on the examples provided. Call MAJCOM consultant if you need advice on appropriate acuity factor.
4. Do not include on AF Form 2573 general/regular diet patients who eat in the dining room or outpatient therapeutic meals served in the dining room.
5. Therapeutic diet trays served in the dining room to ambulatory inpatients are counted along with trays served on the nursing units on Lines 5B through 32B.
6. Total Lines 1B through 32B across to obtain a total for each type of diet and enter into Column C.
7. Lines 1E through 32E. For each line multiply the total in Column C by the acuity factor in Column D and enter the result in Column E.

**WORKLOAD DATA**

8. Line 33F. Enter the total from Line 1C.
9. Lines 33G through 38G. Cumulative monthly totals are computed by adding the daily total in Column F to the totals from all the previous days of the month recorded in Column G the previous day. On the first day of each month, the numbers in Column F will be the same as the numbers in Column G.
10. Line 34F. Add Lines 2C + 3C + 4C.
11. Line 35F. Add Lines 5C through 31C.
12. Line 35H. Multiply Line 35F times three ( $35F \times 3 = 35H$ ). This number is also used on AF Form 544, Line 44 (Manual) or Line 45 of the TRIFOOD, AF Form 544.
13. Line 36F. Add Line 33F + 34F + 35F.
14. Line 36H. Multiply Line 36F times three ( $36F \times 3 = 36H$ ). This number is also used on AF Form 544, Line 43 (Manual) or Line 44 of the TRIFOOD, AF Form 544.
15. Line 37F. Enter the total from Line 32C.
16. Line 38F. Add Lines 1E through 32E.
17. Line 39G. On the last day of each month, divide the cumulative weighted diet census (Line 38G) by the cumulative Grand Total Patient Tray Meals (Line 36G) to obtain the monthly weighted diet census factor.