**BACKGROUND/OBJECTIVE**

Dietary intake data is often assessed via 24-hour dietary recalls. Large-scale surveys often use proxy recall methods: list-based (e.g., Demographic and Health Surveys) or multiple-pass (e.g., Feed the Future). However, it is unclear whether key indicators of diet quality (e.g., Minimum Dietary Diversity [MDD]) calculated from different proxy recall methods are comparable and how accurately each compares to a reference method. We compared MDD estimations from a list-based and a multiple-pass recall method against an in-home observation of dietary intake in children 6–23 months-old in Cambodia and Zambia. We also assessed the costs associated with implementing the two methods.

**METHODS**

**SAMPLING AND PARTICIPANT SELECTION**

We selected a representative sample of children 6–23 months old using two-stage probability sampling.

- **636 children in Cambodia** surveyed June–July 2022
  - Kampong Thom, Siem Reap, Battambang, and Pursat provinces
- **608 children in Zambia** surveyed March–April 2023
  - Chipata, Kafue, Lundazi, Nyimba, and Petauke districts

**DATA COLLECTION**

- **On day 1,** we observed intake during an in-home visit and recorded all food and drink consumed.

**RESULTS**

- The following day, two different data collectors administered the multiple-pass and list-based recalls in random order.

**STATISTICAL ANALYSIS**

- The list-based estimates of MDD prevalence were closer to the in-home observation and yielded better cost-accuracy.

The performance of two commonly used recall methods to estimate MDD prevalence varied by country and by method. The list-based estimates of MDD prevalence were closer to the prevalence based on the in-home observation. The list-based recall method also yielded better cost-accuracy than the multiple-pass method in estimating population-based indicators. Selection of method should depend on the purpose of assessment.

**CONCLUSIONS/FINDINGS**

- The list-based estimates of MDD prevalence were closer to the in-home observation and yielded better cost-accuracy.

The performance of two commonly used recall methods to estimate MDD prevalence varied by country and by method. The list-based estimates of MDD prevalence were closer to the prevalence based on the in-home observation. The list-based recall method also yielded better cost-accuracy than the multiple-pass method in estimating population-based indicators. Selection of method should depend on the purpose of assessment.