1. Has the pilot study been replicated on a larger scale? (There is a lot of pilot studies, but far less robust studies.) Also, there should be a control group which control for an impact of this particular measurement tool on reported values. The risk of some bias is quite high considering that we study rare events.

This study has not been replicated on a larger scale yet. We are hoping to replicate it when it is safer to resume research activities post-Covid.

2. I think neighborhood structure and social relations (including place familiarity) are playing a large role in fear of crime, among many other features. I am wondering on the discussant's opinion on how can we compare data from different areas considering these characteristics? Shall there be specific questions in surveys (or before the surveys) and always weight the answers based on them? This is a great question. Regarding place familiarity, I can think about two different ways to address this issue: 1) continuously capturing the movements of study

participants with the GPS capability of their smartphone or 2) capturing information about the participants' activity and awareness space using a separate survey preceding the EMA-based survey data collection. The info from this kind of a data collection can be used to create a new variable to control for place familiarity.

- 3. I love the suggestions for mitigating data bias/quality issues in term of training participants, but I wonder if you have any thoughts/suggestions for post-hoc ways to address or mitigate these biases after data collection has taken place? This is another great question. If the data collection is long enough, a burn-in period of data (such as the first few days of data collection) can be excluded from the analysis to account for any bias that might be introduced by the training given to subjects or increased reactivity of EMA based survey participants (which is shown in recent literature).
- 4. Have you considered incorporating objective measures of fear such as biometrics (e.g., heart beat rate) in your app with a wearable device? We did not include this in our pilot study, but I see great value in other EMA tools such as physiological sensors to triangulate data from smartphone based EMAs.
- 5. Would a study with participants using a smartphone app and a wearable botmetrics address the bias?

I see great value in triangulating different methods for addressing certain validity issues. I still think, this kind of a triangulation will not be able to address issues in relation to increased reactivity of participants due to participation in an EMA-based survey or being exposed to a training before this kind of a study.

6. One way to scale up the method would be to participate with the municipality and offer the app to its citizens

This is a great suggestion and would be fantastic in the future if we have interest from the local governments in future study settings. We were lucky to have support from the local government in our Lahore study during the pilot.