Dear authors,

Thank you for the work you’ve put in to address my comments on the proposed project, and the changes that you have made to your manuscript. Of the 8 points I raised during the last review, I have 2 points remaining; 1 is advice, and 1 point is a remaining concern. Please see below for details.

**Comment 1.** I have read the work you included in your reply. In the paper, the two were found to be similar. Other works that I have read that compared undergraduate student and MTurk samples have reported both differences and similarities, and it seems to me that the context of the study matters in terms of the similarity between these populations. I also noticed that reviewer 4 shared some concerns about the extent that the original sample and proposed sample might differ in their perception of event ambiguity. I am satisfied with the response to my comment, but I do advise to keep those concerns in mind when critically considering (potential) differences between the original and proposed sample when interpreting the results of the proposed study (as you communicated in your response to my comment).

**Comment 2.** I welcome the added explanation in the manuscript concerning the change in the number of people affected in the adaptation of the Asian Disease Problem. However, I remain concerned about the change in the number of affected people (which I will from now on refer to as *need)*. I have no doubt that the adaptation would result in a successful framing effect in the same direction. However, increasing the need may lead to a larger effect, which seems relevant for this study (compared to others) as it is a replication effort.
In [the paper you included in your response](http://sjdm.org/journal/18/18415c/jdm18415c.pdf), the researchers examined whether participants took more risk in scenarios that included higher need (i.e., a larger number of people affected in the scenario). Though the direction of the framing effect is the same as when need was small, the results showed that need did matter:

*“While small variation in numbers did not significantly affect risk-taking, we found that the factor need did. When need is high, that is when the overall number of people in need is high, the subjects tend to be more risk-averse” (p. 538).*

*“The subjects produced more framing effects when more people were affected in a scenario. This became even more obvious in condition High. This interaction effect may suggest that losses loom larger than gains depending on the size of a needy population.”* (p. 539).This to me illustrates that need should be taken into consideration and indicates that the size of the effect found using the proposed scenario may differ from that of the original study, simply because of the change in need.As such, I am unconvinced that the change to the scenario wouldn’t affect the replication effort and agree with reviewer 3 (Dr Sobkow) that a pilot study would be worthwhile. In this pilot study, you could present the original Asian Disease Problem and the suggested adaptation and examine whether the two scenarios indeed yield similar responses (e.g., an effect size of *d* ≤ 0.2).

With best wishes,

Kelly Wolfe