e-supplement file 1: STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

For manuscript: "How do patients respond to safety incidents in ambulatory care? Results of a retrospective cross-sectional telephone survey", submitted by Seufert et al, August 2021

Section/Topic	Item #	Recommendation	Reported on page #
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	2-3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4-5
Objectives	3	State specific objectives, including any prespecified hypotheses	5
Methods			
Study design	4	Present key elements of study design early in the paper	5-6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants	6-7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	6 (plus e-Box 1)
Bias	9	Describe any efforts to address potential sources of bias	6
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	7-8
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	7-8
		(*b*) Describe any methods used to examine subgroups and interactions	N/A
		(*c*) Explain how missing data were addressed	N/A
		(*d*) If applicable, describe analytical methods taking account of sampling strategy	7-8
		(*e*) Describe any sensitivity analyses	N/A
Results			

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	6-7
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	6-7 (plus Table 1)
		(b) Indicate number of participants with missing data for each variable of interest	N/A
Outcome data	15*	Report numbers of outcome events or summary measures	N/A
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	8-12 (plus tables 1-5 and e-Tables 1, 2)
		(*b*) Report category boundaries when continuous variables were categorized	N/A
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	10-11 (plus e-Figure 1 and e-Table 1, 2)
Discussion			
Key results	18	Summarise key results with reference to study objectives	11-12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	13
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	11-12
Generalisability	21	Discuss the generalisability (external validity) of the study results	15
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	1

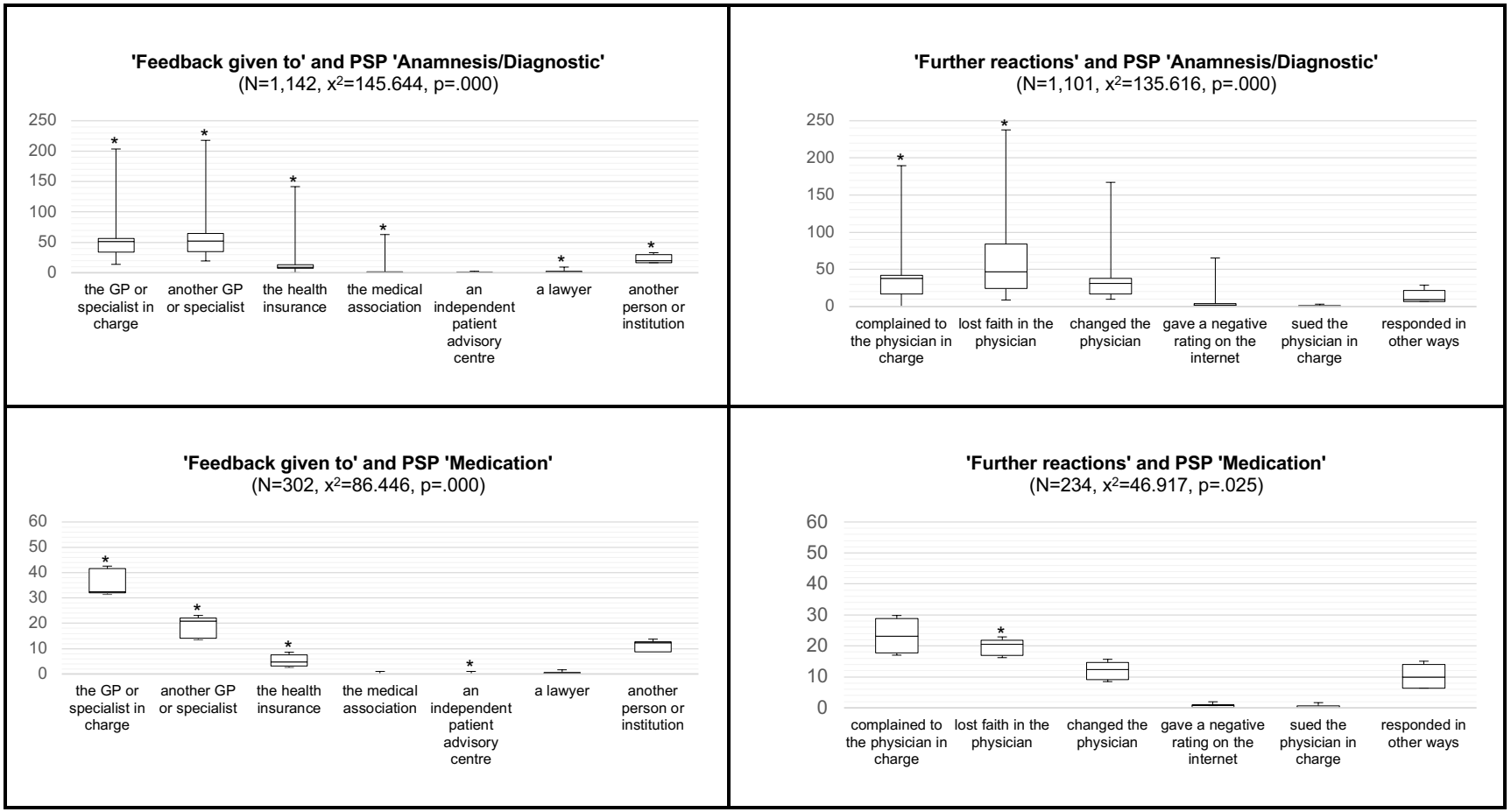
*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

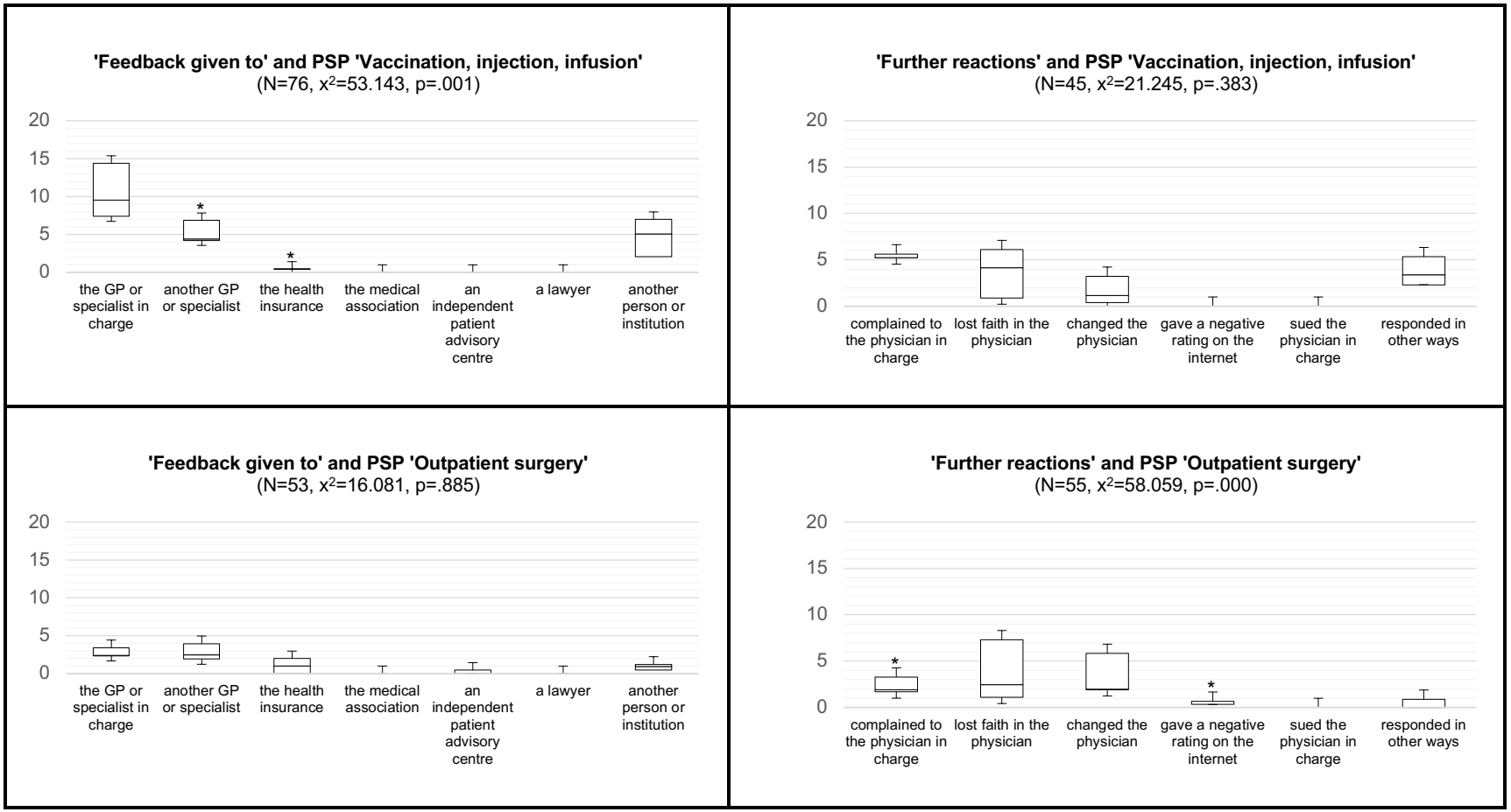
e-Box 1: Excerpt from the questionnaire PSP-AMB related to the last 12 months

Types of PSP†	**(1) Anamnesis/diagnostic procedures** ▪ important questions about complaints not asked ▪ insufficient physical examination done ▪ a medically necessary examination not done ▪ a serious illness not recognized or recognized too late ▪ faulty examination done ▪ wrong examination done ▪ wrong diagnosis done ▪ incorrect test results communicated ▪ results communicated too late or not at all **(2) Medication** ▪ wrong drugs prescribed ▪ necessary drugs not prescribed ▪ drugs in the wrong dose or form prescribed (e.g. solution instead of tablet) ▪ drugs prescribed, although the physician knew of an intolerance ▪ drugs prescribed without consideration the interaction with another drug ▪ drugs discontinued too early, too late or not at all **(3) Vaccination, injection, infusion** ▪ not given, although it was necessary ▪ given with a wrong active substance ▪ given in the wrong place (e.g. in muscle instead of blood vessel) ▪ given even though the physician knew of an intolerance ▪ given without noticing the interaction with another medication **(4) Aftercare** ▪ wrong ▪ belated ▪ not at all **(5) Outpatient Surgery** ▪ performed too late ▪ performed not properly ▪ wrong surgery performed ▪ results of a surgery communicated incorrectly ▪ results of a surgery not communicated or communicated too late **(6) Office Administration** ▪ confusion with another patient ▪ examination results were not or not completely available ▪ attending physician did not perform a necessary home visit **(7) Other Areas**	
GP or specialist	▪ general physician ▪ internist ▪ gynaecologist ▪ ophthalmologist ▪ orthopaedist ▪ ear, nose and throat specialist	▪ neurologist, psychiatrist, neurologist ▪ surgeon ▪ dermatologist ▪ radiologist ▪ urologist ▪ another medical specialist
Harm†	▪ mild allergic reaction, e.g. skin rash, itching ▪ severe allergic reaction, e.g. anaphylactic shock ▪ other side effects, e.g. stomach bleeding ▪ deterioration of the health status ▪ unnecessarily prolonged pain ▪ wound infection / inflammation ▪ bleeding ▪ other part of the body has been injured, e.g. an internal organ or nerve	▪ a serious illness has not been recognized or has been recognized too late ▪ financial harm, e.g. additional therapy and treatment costs ▪ temporal harm, e.g. you had to go to the practice again ▪ mental or social harm ▪ other harmful consequences
Severity and recovery time (of the severest harm)	**Severity** • very mild • mild • severe • very severe	**Recovery time** • less than a week • more than a week, but less than a month • more than a month • permanent harm
Additional treatments†	▪ went to see another doctor ▪ medical on-call service / emergency service ▪ emergency room	▪ inpatient treatment (overnight) ▪ rehabilitation ▪ none of it
Feedback and further reactions†	**(1) Feedback was given to** ▪ the physician with whom the error occurred ▪ another GP or specialist ▪ the health insurance fund/coverage ▪ the medical association ▪ an independent patient advisory centre ▪ a lawyer ▪ another person or entity	**(2) Further reaction** ▪ complain to the attending physician ▪ lost confidence in the physician ▪ changed physician ▪ gave a negative rating on the Internet ▪ sued the physician ▪ react in another way
Sociodemographic data	▪ gender ▪ age ▪ chronic disease ▪ current health status ▪ last GP/specialist visit	▪ inpatient treatment during the past 12 months ▪ citizenship ▪ monthly net income ▪ subjective social status (SSS)

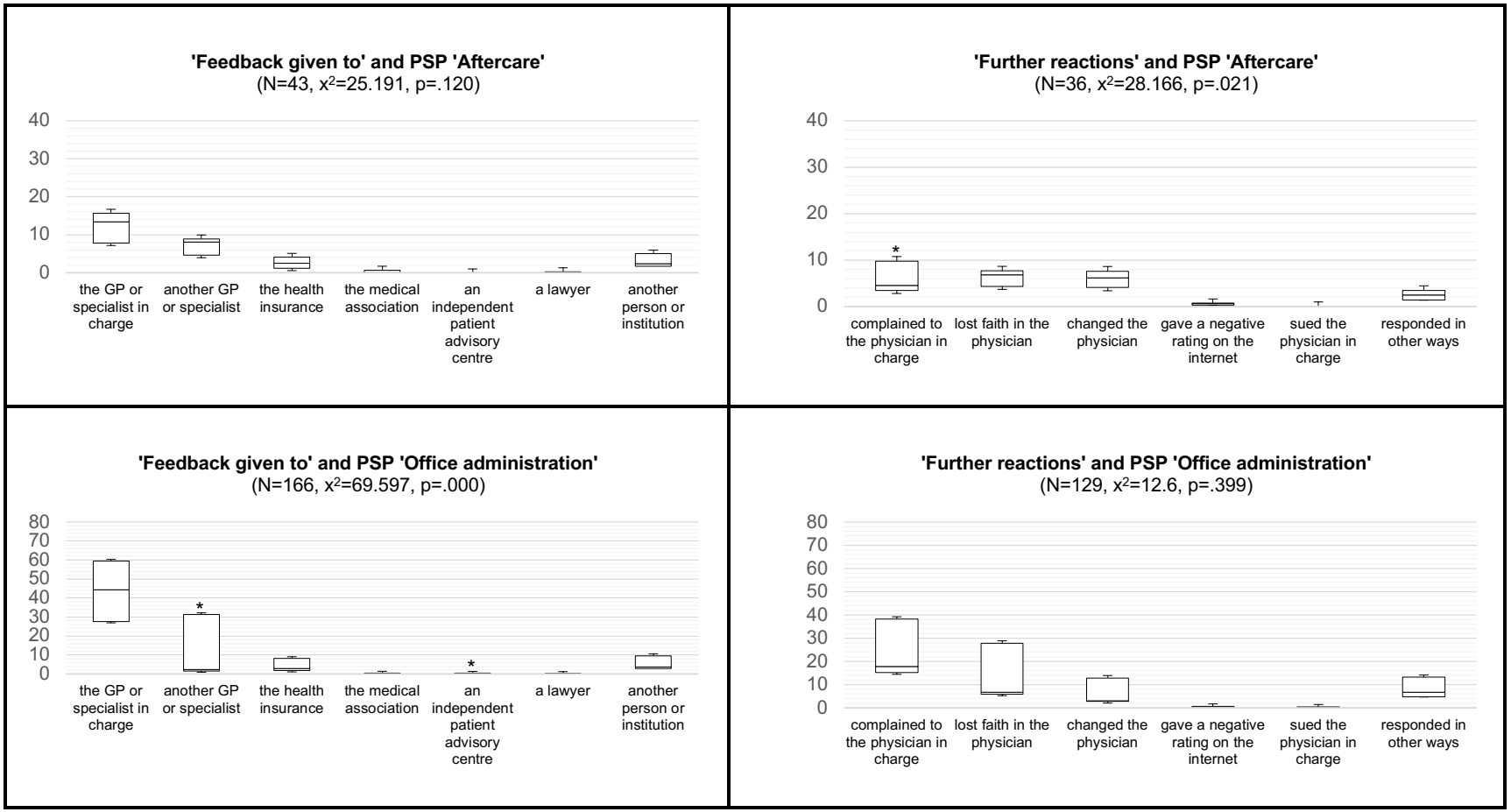
† Multiple answers possible.



e-Figure 1: Types of reporting and further reaction behaviour in correlation to PSP types of 'Anamnesis/Diagnostic' and 'Medication'. Pearsons Chi-Square-Analyses show significant associations, the asterisk (*) indicates statistical significance at the 0.05 level.



e-Figure 1 continued: Types of reporting and further reaction behaviour in correlation to PSP types of 'Vaccination, injection, infusion' and 'Outpatient Surgery'. Pearsons Chi-Square-Analyses show significant associations, the asterisk (*) indicates statistical significance at the 0.05 level.



e-Figure 1 continued: Types of reporting and further reaction behaviour in correlation to PSP types of 'Aftercare' and 'Office administrations'. Pearsons Chi-Square-Analyses show significant associations, the asterisk (*) indicates statistical significance at the 0.05 level.

e-Table 1: Types of reporting and further reaction behaviour in correlation to the type of specialist

(a) Feedback given to† (N=1.050)		Orthopaedist	Internist	neurologist. psychiatrist	Surgeon	Radiologist	Gynaecologist	Urologist	Ear. nose and throat specialist	Dermatologist	Ophthalmologist	Other medical specialist	Sum
another GP or specialist	%	18.5	9.1	6.2	4.8	3.2	3.1	2.2	1.7	1.9	1.1	8.9	**60.6**
	(95%-CI)	(16.2-20.9)	(7.5-10.9)	(4.9-7.8)	(3.6-6.2)	(2.3-4.5)	(2.2-4.4)	(1.5-3.3)	(1.1-2.7)	(1.2-2.9)	(0.6-1.9)	(7.3-10.7)	**(57.6-63.5)**
the GP or specialist in charge	%	14.2	11.0	4.6	4.6	2.6	3.1	3.4	1.8	1.9	1.8	10.5	**59.5**
	(95%-CI)	(12.2-16.4)	(9.3-13.1)	(3.5-6.1)	(3.5-6.0)	(1.8-3.7)	(2.2-4.4)	(2.5-4.7)	(1.2-2.8)	(1.2-2.8)	(1.2-2.8)	(8.8-12.5)	**(56.5-62.5)**
another person or institution	%	7.1	4.1	3.8	1.0	0.5	2.1	1.3	1.5	0.7	0.9	5.7	**28.6**
	(95%-CI)	(5.7-8.8)	(3.1-5.5)	(2.7-5.0)	(0.5-1.7)	(0.2-1.1)	(1.4-3.2)	(0.8-2.2)	(0.9-2.5)	(0.4-1.5)	(0.5-1.7)	(4.4-7.2)	**(25.9-31.4)**
the health insurance	%	5.8	1.6	1.5	2.5	0.8	0.5	0.0	0.2	0.4	0.3	2.8	**16.5**
	(95%-CI)	(4.5-7.4)	(1.0-2.6)	(0.9-2.3)	(1.8-3.7)	(0.5-1.6)	(0.2-1.1)	(0.0-0.4)	(0.1-0.7)	(0.1-1.0)	(0.1-1.0)	(2.0-4.0)	**(14.4-18.8)**
an independent patient advisory centre	%	0.5	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.1	0.0	0.1	**1.1**
	(95%-CI)	(0.2-1.1)	(0.0-0.5)	(0.0-0.4)	(0.0-0.5)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.1-0.7)	(0.0-0.5)	(0.0-0.4)	(0.0-0.5)	**(0.6-1.9)**
a lawyer	%	0.3	0.2	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0	0.2	**1.2**
	(95%-CI)	(0.1-0.8)	(0.1-0.7)	(0.1-0.7)	(0.0-0.5)	(0.0-0.5)	(0.0-0.5)	(0.0-0.4)	(0.0-0.5)	(0.0-0.4)	(0.0-0.4)	(0.1-0.7)	**(0.7-2.0)**
the medical association	%	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.4	**1.0**
	(95%-CI)	(0.0-0.5)	(0.0-0.5)	(0.0-0.4)	(0.0-0.4)	(0.0-0.5)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.1-0.7)	(0.1-1.0)	**(0.6-1.9)**
Sum	%	**26.3**	**17.3**	**8.6**	**6.5**	**4.4**	**5.4**	**5.2**	**3.3**	**3.0**	**2.3**	**17.6**	**100.0**
	(95%-CI)	**(23.7-29.0)**	**(15.2-19.7)**	**(7.1-10.5)**	**(5.2-8.2)**	**(3.3-5.8)**	**(4.1-6.9)**	**(4.0-6.8)**	**(2.4-4.6)**	**(2.2-4.3)**	**(1.6-3.5)**	**(15.4-20.0)**	
(b) Further reactions† (N=989)													
lost faith in the physician	%	21.2	8.2	5.7	4.8	3.0	3.4	2.5	1.9	1.6	1.6	12.2	**66.1**
	(95%-CI)	(18.8-23.9)	(6.6-10.1)	(4.5-7.4)	(3.6-6.3)	(2.1-4.3)	(2.4-4.6)	(1.7-3.7)	(1.2-2.9)	(1.0-2.6)	(1.0-2.6)	(10.2-14.3)	**(63.1-69.0)**
changed the physician	%	17.4	6.5	3.5	2.7	1.4	2.8	1.5	1.7	1.4	1.5	8.0	**48.4**
	(95%-CI)	(15.2-19.9)	(5.1-8.2)	(2.5-4.8)	(1.9-3.9)	(0.8-2.4)	(2.0-4.1)	(0.9-2.5)	(1.1-2.7)	(0.8-2.4)	(0.9-2.5)	(6.5-9.8)	**(45.2-51.4)**
complained to the physician in charge	%	11.4	9.1	4.3	4.5	1.1	3.0	2.5	1.3	1.2	1.5	7.4	**47.3**
	(95%-CI)	(9.6-13.6)	(7.5-11.1)	(3.2-5.7)	(3.3-5.9)	(0.6-2.0)	(2.1-4.3)	(1.6-3.6)	(0.7-2.1)	(0.7-2.1)	(0.9-2.5)	(5.9-9.2)	**(44.2-50.4)**
gave a negative rating on the internet	%	0.7	0.8	0.1	0.5	0.0	0.1	0.1	0.2	0.1	0.0	0.3	**2.9**
	(95%-CI)	(0.3-1.5)	(0.4-1.6)	(0.0-0.6)	(0.2-1.2)	(0.0-0.4)	(0.0-0.6)	(0.0-0.6)	(0.1-0.7)	(0.0-0.6)	(0.0-0.4)	(0.1-0.9)	**(2.0-4.2)**
sued the physician in charge	%	0.2	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	**0.8**
	(95%-CI)	(0.1-0.7)	(0.2-1.0)	(0.0-0.6)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.4)	(0.0-0.6)	**(0.4-1.6)**
responded in other ways	%	4.4	3.7	2.3	1.0	0.9	0.7	0.6	0.6	0.1	0.8	4.3	**19.4**
	(95%-CI)	(3.3-5.9)	(2.7-5.1)	(1.6-3.5)	(0.5-1.8)	(0.5-1.7)	(0.3-1.5)	(0.3-1.3)	(0.3-1.3)	(0.0-0.6)	(0.4-1.6)	(3.2-5.8)	**(17.1-22.0)**
Sum	%	**30.1**	**16.4**	**8.7**	**6.9**	**3.7**	**5.1**	**4.6**	**3.0**	**2.8**	**2.2**	**16.4**	**100.0**
	(95%-CI)	**(27.4-33.1)**	**(14.3-18.9)**	**(7.1-10.6)**	**(5.5-8.6)**	**(2.7-5.1)**	**(3.9-6.7)**	**(3.5-6.1)**	**(2.1-4.3)**	**(1.9-3.9)**	**(1.4-3.2)**	**(14.2-18.8)**	

† Multiple answers possible.

Pearsons Chi-Square-Analyses show significant associations between the (a) reporting and (b) further reaction behaviour and the type of specialists: (a) x^2=195.164. p=.000 / (b) x^2=151.747. p=.000.

e-Table 2: Types of reporting and further reaction behaviour in correlation to types of harm

		Physical harm										*Financial. temporal. other harm*			
Feedback given to† (N=1.516)		**deterioration of the health status**	**unnecessarily prolonged pain**	**mental or social harm**	**a serious illness has not been recognized**	**other part of the body has been injured**	**wound infection / inflammation**	**mild allergic reaction**	**other side effects**	**bleeding**	**severe allergic reaction**	**temporal harm**	**financial harm**	**other harmful consequences**	**Sum**
the GP or specialist in charge	**%**	32.5	30.6	22.5	12	10.2	9.7	8.3	6.1	4.9	3.0	44.3	14.3	11.4	**63.3**
	(95%-CI)	(30.2-34.9)	(28.3-33.0)	(20.4-24.6)	(10.5-13.7)	(8.7-11.8)	(8.3-11.3)	(7.0-9.8)	(5.0-7.4)	(4.0-6.2)	(2.2-3.9)	(41.8-46.8)	(12.6-16.2)	(9.9-13.1)	**(60.8-65.6)**
another GP or specialist	**%**	31.5	31.3	24.4	11.6	10.2	7.5	6	4.6	5.1	2.5	37.7	15.7	11.6	**55**
	(95%-CI)	(29.2-33.8)	(29.0-33.7)	(22.3-26.6)	(10.1-13.3)	(8.8-11.9)	(6.3-9.0)	(4.9-7.3)	(3.6-5.7)	(4.1-6.3)	(1.8-3.4)	(35.3-40.2)	(14.0-17.6)	(10.1-13.3)	**(52.4-57.4)**
another person or institution	**%**	15.6	15.6	12.0	5.8	3.9	2.6	3.2	3.0	2.2	2.4	19.0	8.2	8.0	**30.5**
	(95%-CI)	(13.9-17.5)	(13.9-17.5)	(10.5-13.7)	(4.7-7.1)	(3.1-5.1)	(1.9-3.5)	(2.5-4.2)	(2.2-3.9)	(1.6-3.0)	(1.7-3.3)	(17.1-21.0)	(7.0-9.7)	(6.7-9.5)	**(28.2-32.8)**
the health insurance	**%**	11.2	11.7	12.1	3.8	2.9	3.1	3.1	1.0	1.4	1.7	13.4	8.3	5.1	**17.3**
	(95%-CI)	(9.7-12.9)	(10.2-13.5)	(10.5-13.8	(3.0-4.9)	(2.1-3.8)	(2.3-4.1)	(2.3-4.1)	(0.7-1.7)	(0.9-2.1)	(1.2-2.5)	(11.8-15.2)	(7.0-9.8)	(4.1-6.3)	**(15.5-19.3)**
a lawyer	**%**	0.8	0.6	0.7	0.4	0.4	0.1	0.2	0.3	0.2	0.1	0.7	0.7	0.3	**1.2**
	(95%-CI)	(0.5-1.4)	(0.3-1.1)	(0.4-1.2)	(0.2-0.9)	(0.1-0.8)	(0.0-0.4)	(0.0-0.5)	(0.1-0.7)	(0.1-0.6)	(0.0-0.4)	(0.4-1.3)	(0.4-1.2)	(0.1-0.8)	**(0.8-1.9)**
an independent patient advisory centre	**%**	0.8	0.6	0.8	0.3	0.3	0.3	0.2	0.1	0.1	0.0	0.9	0.5	0.2	**1.1**
	(95%-CI)	(0.5-1.4)	(0.3-1.1)	(0.5-1.4)	(0.1-0.7)	(0.1-0.7)	(0.1-0.7)	(0.0-0.5)	(0.0-0.5)	(0.0-0.4)	(0.0-0.3)	(0.5-1.5)	(0.3-1.0)	(0.1-0.7)	**(0.7-1.8)**
the medical association	**%**	0.5	0.2	0.5	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.1	**0.7**
	(95%-CI)	(0.3-1.0)	(0.1-0.6)	(0.2-1.0)	(0.0-0.4)	(0.1-0.7)	(0.0-0.3)	(0.0-0.3)	(0.0-0.3)	(0.0-0.3)	(0.0-0.3)	(0.1-0.8)	(0.0-0.5)	(0.0-0.4)	**(0.4-1.2)**
Sum	**%**	**50.6**	**50.4**	**35.9**	**17.1**	**13.7**	**13.2**	**11.0**	**7.6**	**7.2**	**4.2**	**64.6**	**23.4**	**18.8**	**100.0**
	(95%-CI)	**(48.1-53.1)**	**(47.8-52.9)**	**(33.6-38.4)**	**(15.3-19.1)**	**(12.1-15.5)**	**(11.6-15.0)**	**(9.5-12.7)**	**(6.4-9.1)**	**(5.9-8.5)**	**(3.3-5.3)**	**(62.1-66.9)**	**(21.3-25.5)**	**(16.9-20.8)**	
Further reactions† (N=1.436)															
lost faith in the physician	**%**	36.1	36.8	29.2	13.3	9.8	9.3	7.7	4.6	4.8	3.0	41.5	18.6	13.0	**62.1**
	(95%-CI)	(33.6-38.6)	(34.3-39.3)	(26.9-31.6)	(11.6-15.1)	(8.4-11.5)	(7.9-10.9)	(6.4-9.2)	(3.6-5.8)	(3.8-6.0)	(2.2-4.0)	(39.0-44.1)	(16.6-20.6)	(11.4-14.9)	**(59.6-64.6)**
complained to the physician in charge	**%**	27.1	25	20.7	9.1	8.6	7.7	7.0	4.3	4.1	2.1	36.2	12.3	9.6	**50.5**
	(95%-CI)	(24.9-29.4)	(22.8-27.3)	(18.7-22.9)	(7.7-10.7)	(7.3-10.2)	(6.4-9.2)	(5.8-8.5)	(3.4-5.5)	(3.2-5.3)	(1.5-3.0)	(33.8-38.7)	(10.7-14.1)	(8.2-11.2)	**(47.9-53.1)**
changed the physician	**%**	26.5	26.5	20.6	9.4	7.7	6.9	5.3	3.4	3.7	2.0	29.1	13.5	10.7	**42.9**
	(95%-CI)	(24.3-28.9)	(24.3-28.9)	(18.6-22.8)	(8.0-11.0)	(6.4-9.2)	(5.7-8.3)	(4.3-6.6)	(2.6-4.5)	(2.9-4.9)	(1.4-2.8)	(26.8-31.5)	(11.8-15.4)	(9.2-12.4)	**(40.4-45.5)**
gave a negative rating on the internet	**%**	1.4	1.4	1.7	1.1	0.4	1.0	0.7	0.0	0.6	0.4	1.3	1.0	0.4	**2.6**
	(95%-CI)	(0.9-2.1)	(0.9-2.1)	(1.2-2.6)	(0.7-1.8)	(0.2-0.9)	(0.6-1.7)	(0.4-1.3)	(0.0-0.3)	(0.3-1.2)	(0.1-0.8)	(0.8-2.0)	(0.6-1.6)	(0.2-0.9)	**(1.9-3.5)**
sued the physician in charge	**%**	0.5	0.3	0.5	0.3	0.2	0.0	0.1	0.2	0.1	0.1	0.4	0.4	0.2	**0.7**
	(95%-CI)	(0.2-1.0)	(0.1-0.8)	(0.2-1.0)	(0.1-0.7)	(0.1-0.6)	(0.0-0.3)	(0.0-0.4)	(0.0-0.5)	(0.0-0.5)	(0.0-0.5)	(0.2-0.9)	(0.2-0.9)	(0.1-0.6)	**(0.4-1.3)**
responded in other ways	**%**	10.9	9.7	8.9	4.2	3.9	2.4	2.2	1.1	1.3	0.9	12.9	5.1	5.6	**20.3**
	(95%-CI)	(9.4-12.7)	(8.3-11.3)	(7.5-10.5)	(3.3-5.4)	(3.0-5.0)	(1.7-3.3)	(1.5-3.0)	(0.7-1.8)	(0.8-2.1)	(0.5-1.5)	(11.3-14.8)	(4.1-6.3)	(4.5-6.9)	**(18.3-22.4)**
Sum	**%**	**51.5**	**51.3**	**37.3**	**17.9**	**13.7**	**13.4**	**11.2**	**7.4**	**7.0**	**3.5**	**63.1**	**23.2**	**18.9**	**100.0**
	(95%-CI)	**(48.9-54.0)**	**(48.7-53.8)**	**(34.8-39.8)**	**(16.0-20.0)**	**(12.0-15.6)**	**(11.8-15.3)**	**(9.7-12.9)**	**(6.1-8.9)**	**(5.8-8.4)**	**(2.7-4.6)**	**(60.6-65.5)**	**(21.1-25.5)**	**(16.9-21.0)**	

† Multiple answers possible.

Pearsons Chi-Square-Analyses show significant associations between the reporting and further reaction behaviour and the type of harm: (a) x^2=928.662. p=.000 / (b) x^2=879.579. p=.000).