

האוניברסיטה העברית בירושלים

הפקולטה למדעי הרוח

החוג לחינוך

המגמה ללקויות למידה

**The link between perceptions of social norms and risky behavior among adults with ADHD**

**MSc Thesis**

**Submitted to the Shlomo (Seymor) Fox school of Education**

**The Hebrew University of Jerusalem**

**For the Degree**

**‘Master of Education’**

**By**

**Sapir Cohen**

 **Date Jerusalem**



האוניברסיטה העברית בירושלים

הפקולטה למדעי הרוח

החוג לחינוך

המגמה ללקויות למידה

**הקשר בין תפיסת נורמות חברתיות והתנהגות סיכונית**

**בקרב מבוגרים עם הפרעת קשב**

**עבודת גמר**

**מוגש לבית הספר לחינוך ע”ש סימור פוקס**

**האוניברסיטה העברית בירושלים**

**לשם קבלת תואר**

**‘מוסמך בחינוך’**

**ע”י**

**ספיר כהן**

**תאריך הגשה עברי ירושלים תאריך הגשה לועזי**

**Abstract**

Attention deficit hyperactivity disorder (ADHD) is a childhood onset developmental disorder, which frequently persists into adulthood. Previous studies have found a strong association between ADHD and risky behavior. People with ADHD are more likely to be involved in risky behaviors in various areas of life as compared to people without ADHD. The aim of this study was to examine if there is a relationship between perceptions of social norms and risky behavior among adults with ADHD. The first hypothesis is that adults with high levels of ADHD symptoms engage in more risky behaviors than adults with lower levels of ADHD symptoms. The second hypothesis is that there is a positive relationship between perceptions of norms and risky behavior. The third hypothesis is that there is a negative relationship between levels of ADHD symptoms and perceptions of norms. Finally, the fourth hypothesis is that the relationship between ADHD and risky behavior is mediated by perceptions of norms.

The study recruited 87 student participants aged 18–40, who study at universities and colleges across Israel. To examine the hypotheses, participants were asked to complete three questionnaires: 1) Adult ADHD Self-Report Scale (ASRS-v1.1), which assesses the severity of ADHD symptoms; 2) SDQ, which assesses the strengths and weaknesses of each subject, and 3) Adult Risk-Taking Inventory (ARTI), which assesses the subject’s likelihood of engaging in 40 risky behaviors and their perception of descriptive and injunctive norms. I tested significance levels and the connections between the variables. I used multiple regression and PROCESS (Hayes, 2013) to examine the link between ADHD and risk-taking behavior, ADHD and perception of social norms, and the link between risky behavior and perceptions of social norms among adults with ADHD. The first two hypotheses were confirmed. However, the third hypothesis was partly confirmed and, hence, hypothesis four was not tested.

**Introduction**

**ADHD**

Attention deficit hyperactivity disorder (ADHD) is a childhood onset developmental disorder that frequently persists into adulthood. ADHD occurs in approximately 3–7% of the childhood population and in 2.5–4% of the adult population, with boys over-represented by, on average, a ratio of approximately 3:1 (Asherson, Raz & Leykin 2015; Barkley 1997; Barkley 1990). ADHD is characterized by pervasive and developmentally inappropriate difficulties with impulsivity, hyperactivity, and attention (DuPaul, Weyandt & Janusis 2011). ADHD tends to significantly affect human behavior and cognitive functions. ADHD is associated with high risk for low academic performance; poor peer and family relationships; behavioral problems and delinquency; driving accidents; speeding violations, and early substance experiments and abuse (Barkley 1997). In addition, ADHD could be associated with mental illness, interpersonal problems, and delinquency, leading to a substantial burden on families, social welfare, health, and criminal justice systems (Sonuga-Barke et al, 2013).

ADHD in adults has become a central focus of investigation and controversy, especially since longitudinal studies have established that many children with ADHD continue to show persistent problems into adulthood, including notable impairments in occupational and social functioning (Nigg, Stavro, Ettenhofer, Hmabrick, Miller & Henderson, 2005).

**Risky behavior and ADHD**

Risky behavior is defined as “engagement in behavior that is associated with some probability of undesirable results” (Boyer, 2006). ADHD is associated with specific risky behaviors, such as dangerous driving and involvement in traffic accidents, smoking, gambling, unprotected sex, and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019).

**Driving**

Adults with ADHD are more frequently characterized as experiencing adverse driving outcomes. In addition, it was found that childhood ADHD predicted driving-related risk-taking behavior, such as driving under the influence of alcohol, driving without a license, and committing traffic violations (Barkley & Cox, 2007).

**Unprotected sex**

ADHD is associated with precocious sexual activity; more sex outside of relationships; promiscuity; more sexually transmitted diseases, and more unplanned and teenage pregnancies (Pollak, Dekkers, Shoham, & Huizenga, 2019).

**Substance abuse**

ADHD is associated with nicotine use in adolescence and with alcohol use disorder in adulthood (Charach, Yeung, Climans & Lillie, 2011). In addition, adults with ADHD are more likely to develop problems of alcohol, nicotine, marijuana, and cocaine abuse and/or dependence (Lee et al, 2011).

**Gambling**

There is a small, but significant, correlation between ADHD symptoms and gambling severity, with a prevalence of 18% among those diagnosed with ADHD, and a prevalence of 12% of problematic gambling among those diagnosed with ADHD (Theule et al, 2016).

These findings, and other risky behavior variables, have led to the conclusion that people with ADHD are risk-takers in a general sense (Shoam, Sonuga-Barke, Yaniv & Pollak, 2019).

The relationship between ADHD and risky behavior could be explained by executive dysfunction. The assumption is that risky behavior in ADHD is caused by impaired impulse control, owing to deficiencies in inhibition of prepotent responses; interruptions of ongoing responses after feedback on errors, and interference control (Groen, Gaastra, Lewis-Evans & Tucha, 2013). Other variables that have been studied, and that may explain the relationship between ADHD and risky behavior, are the perception of the consequences of these behaviors as attractive or less dangerous than they actually are (Shoham et al, 2016); peer influences (Dekkers et al, 2020), and psycho-social factors, such as parental monitoring (Shoham et al, 2020). In this study I suggest a different variable that has not been studied yet – the relationship between perceptions of norms and risky behavior.

**Norms**

According to Alexford (1986), “a norm exists in a given social setting to the extent that individuals usually act in a certain way and are often punished when seen not to be acting in this way.” According to Svensson & Larsson (2012), the socio-legal definition of norms is based on three essential attributes:

1. Norms are an individual’s perceptions of surrounding expectations regarding their own behavior;
2. Norms are materialized expressions that are socially reproduced and, thus, can be studied empirically;
3. Norms are carriers of normative messages.

A social norm is a rule that is accepted by a group of people, and that defines behavior as appropriate or inappropriate. It is based on the assumption that there must be harmony between society, on the one hand, and the impulses and personal desires of the individual, on the other.

Every human being is part of the social context, and, therefore, influences other people and is, in turn, influenced by their social environment. Interactions between individuals in society enable mutual decision-making. Social norms can guide the actions of the individual and the social interaction that is established between individuals in the group. Thus, following this definition, a social norm is dependent on the existence of two conditions: first, recognition of the norm among a group of people, and, secondly, enforcement of the norm through social sanctions.

It is important to note that legal and constitutional changes can create differences that can bring about changes in social norms. In these cases, people may change their minds about proper and inappropriate behavior, thereby adapting and/or adopting other behaviors (Svensson & Larsson 2012).

Deutsch & Gerard (1995) distinguish between two different kinds of norms: descriptive norms, and injunctive norms. The distinction between the two kinds of norms is important, because they provide distinct sources of motivation. Descriptive norms reflect the existing procedure – what is commonly done. In fact, descriptive norms concern perceptions about other people’s attitudes and behaviors (what I think other people do) (Deutsch & Gerard, 1995). Injunctive norms, in contrast, involve what is desirable and what needs to be done. These norms include the perceived expectations of others about a given behavior (what I think others expect me to do). These norms will most often be defined with reference to a group of people who are significant to the person. For example, upon walking into a meeting, an individual may observe that most others are quiet and attentive (descriptive norm), and hence, he or she may perceive, correctly, that transgressions of this norm will result in some sort of social sanction (injunctive norm) (Rimal, Lapinski & Real, 2005).

According to the theory of social norms, humans’ behavior will often be influenced by the way their peers behave. The theory of social norms was first applied in the 1980s in colleges in the United States to address the problem of heavy alcohol use by students. The researchers found that when students on campuses believed that heavy alcohol use was an accepted social norm, they would drink more (Scholly et al, 2010). Moreover, the researchers found that peer tolerance is an injunctive norm, and it indicates the peer group’s perception of the same risky behavior. The study revealed that descriptive norms predict involvement in risky behavior at a specific time, whereas injunctive norms predict involvement in long-term risky behavior (Larimer, 2004).

Glass and Flory’s research (2010) provides additional evidence for a link between perceptions of peer norms and influences, and risky behavior. They demonstrate that perceptions of social norms and ADHD symptoms were significant predictors of smoking over time. In addition, young people with ADHD were more likely to report having friends who smoke, which was also linked to increased rates of cigarette smoking and/or nicotine dependence.

**The research question**

Is there a relationship between perceptions of social norms and risky behavior in adults with ADHD?

**Hypotheses**

**H1**. A positive association will be found between ADHD and risky behavior, with adults with high levels of ADHD symptoms engaging in more risky behaviors than adults with low levels of ADHD symptoms.

**H2**. A positive relationship will be found between perceptions of norms and risky behavior.

**H3**. A negative (positive?) relationship will be found between levels of ADHD symptoms and perception of norms.

**H4**. Perceptions of norms will be found as an intermediate factor between attention deficit disorder and risky behavior.

**Method**

**Participants**

The study sample included 87 students aged 18–40, who were studying at universities and colleges across Israel. All the students had an excellent command of the Hebrew language. Students answered all the questionnaires in the study. Subjects were recruited through the distribution of questionnaires on social media and by email. The questionnaires were available online or in print, depending on the subject’s preference.

**Procedure**

I used a quantitative research method with five questionnaires:

1. **ADHD questionnaire**

This questionnaire included 18 questions assessing the onset of ADHD symptoms based on self-reporting. In this questionnaire, subjects rated their behavior over the last six months on a scale ranging from “never” to “very often” (Kessler et al., 2005(.

This questionnaire had high internal reliability of α = 0.79. It included two sub-questionnaires: attention deficit (α = 0.84), which contained 10 items, and hyperactivity (α = 0.76), which contained 8 items.

1. **SDQ**

This questionnaire included 25 questions assessing the strengths and weaknesses of each subject. The questions concern emotional, social, and behavioral aspects, and each item is rated on a three-point scale (incorrect, partially true, and very true) (Goodman, 1997).

This questionnaire had an internal reliability of α = 70, and the reliability of retest after four to six months stood at 62.0.

1. **ARTI**

This questionnaire includes three sub-questionnaires, the purpose of which is to assess the subjects’ likelihood of engaging in 40 risky behaviors and their perception of descriptive and injunctive norms regarding these behaviors (DOSPERT: Blais, & Weber, 2006; Weber et al., 2002). The three sub-questionnaires:

1. The first sub-questionnaire includes 40 self-reported questions assessing the likelihood of engaging in risky behaviors. In this questionnaire, the subject rates the degree of likelihood of engaging in a series of risky behaviors on a scale that ranges from “certainly not” to “certainly yes.” this sub-questionnaire was developed for a previous study, and has good internal consistency (α = 0.89) and high re-test reliability (r = 0.88).
2. The second sub-questionnaire, designed specifically for this study, includes 40 questions assessing the likelihood of a subject engaging in risky behaviors as perceived by the subject’s friends.
3. The third sub-questionnaire, designed specifically for the current study, includes 40 questions assessing the subject’s perception of the degree of tolerance for each risky behavior in their social context. In this questionnaire, the subject rates perceived tolerance on a scale that ranges from “not at all” to “very high.”. It was

**The research process**

The research began after its approval of the research proposal by the Ethics Committee of the Seymour Fox School of Education at the Hebrew University was granted. At the beginning of the first session, the subject completed an informed consent form to participate in the study.

ADHD symptoms

Perception of norms

Risky behavior

**Data processing**

**Sample characteristics**

The study included 87 subjects aged 18–60. Nine subjects were excluded because they answered the questions too fast (less than 2 seconds per question). One subject was excluded because he was under 18. Nine subjects were excluded because they did not reply to the ASRS questionnaire.

Table 1 indicates that most of the subjects were women (57, 66.3%).

**Table 1**: *Gender*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Frequency | Percent | ValidPercent | Cumulative Percent |
| Valid | 1 | 29 | 33.3 | 33.7 | 33.7 |
|  | 2 | 57 | 65.5 | 66.3 | 100.0 |
|  | Total | 86 | 98.9 | 100.0 |  |
| Missing | System | 1 | 1.1 |  |  |
| Total |  | 87 | 100.0 |  |  |

Table 2 indicates that most of the subjects were between the ages 25–30 (40, 46%).

**Table 2**: *Age*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Frequency | Percent | ValidPercent | Cumulative Percent |
| Valid | 2 | 35 | 40.2 | 40.2 | 40.2 |
|  | 3 | 40 | 46.6 | 46.0 | 86.2 |
|  | 4 | 7 | 8.0 | 8.0 | 94.3 |
|  | 5 | 5 | 5.7 | 5.7 | 100.0 |
|  | Total | 87 | 100.0 | 100.0 |  |

**Gender and risky behavior**

In Table 3, there is significant correlation between gender and risky behavior. Lower levels of risky behavior were reported by the female group (sig = .005).

**Age and risky behavior**

There is a correlation between age and risky behavior. There are lower levels of risky behavior as the subjects get older. This correlation is not significant.

**ADHD and risky behavior**

As expected, there is a significant correlation between ADHD symptoms and risky behavior (sig = .000). Adults with high levels of ADHD symptoms engage in more risky behaviors than adults with low levels of ADHD symptoms.

In addition, there is a non-significant correlation between the ADHD symptoms of the subjects, the risky behaviors levels of their peers (sig = .061), and the subject’s perceived degree of tolerance in their social context (sig = .052). Adults with higher levels of ADHD symptoms report higher levels of risky behavior in their peers and higher levels of tolerance for risky behavior in their social context.

**Table 3**: *Correlation*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Age | Gender | Mean\_ARTIV\_likelihood | Mean\_ARTIV\_descriptive | Mean\_ARTIV\_injunctive | ASRS\_all |
| Gender | Pearson correlation | 1 | -.012 | -.286\*\* | -.126 | -.276\* | .092 |
|  | Sig. (2-tailed) |  | .910 | .008 | .246 | .010 | .398 |
|  | N | 86 | 86 | 86 | 86 | 86 | 86 |
| Age | Pearson correlation | -.012 | 1 | -.298\*\* | -.188 | -.201 | -.265\* |
|  | Sig. (2-tailed) | .910 |  | .005 | .081 | .062 | .013 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_likelihood | Pearson correlation | -.286\*\* | -.298\*\* | 1 | .699\*\* | .672\*\* | .373\*\* |
|  | Sig. (2-tailed) | .008 | .005 |  | .000 | .000 | .000 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_descriptive | Pearson correlation | -.126 | -.188 | .669\*\* | 1 | .709\*\* | .202 |
|  | Sig. (2-tailed) | .246 | .081 | .000 |  | .000 | .061 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| Mean\_ARTIV\_injunctive | Pearson correlation | -.276\* | -.201 | .672\*\* | .709\*\* | 1 | .209 |
|  | Sig. (2-tailed) | .010 | .062 | .000 | .000 |  | .052 |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |
| ASRS\_all | Pearson correlation. | .092 | -.265\* | .373\*\* | .202 | .209 | 1 |
|  | Sig. (2-tailed) | .398 | .013 | .000 | .061 | .052 |  |
|  | N | 86 | 87 | 87 | 87 | 87 | 87 |

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

**Reliability and distribution of the scales**

Using the Cronbach’s Alpha Test, I found that the three ARTI questionnaires had high reliability (R = .891). In addition, I found that the ASRS questionnaire had high reliability (R = .880)

All the variables in the ASRS and the ARTI questionnaires were within normal distribution.

The SDQ questionnaire includes five scales:

Emotional Symptoms Scale – to increase reliability, I did not analyze question number three (R = .684);

Behavioral Problems Scale – the reliability of this scale was not consistent (R = -.317);

Hyperactivity Scale – to increase reliability, I did not analyze question number three because it was unsuitable for adults (R = .630);

Peer Problems – the reliability of this scale was not consistent (R = .444);

Prosocial Scale – the reliability of this scale was consistent (R = .741).

**Correlations between variables**

Using Spearman’s Rho correlation analyses between age, gender and ASRS, it was found that there is a significant correlation between ASRS and age (sig .013). In addition, it was found that there is a high correlation between gender and the SDQ questionnaire. Females have more emotional problems as compared to males.

There is a significant correlation between ASRS and ARTI likelihood (sig = 000). Hence, adults with high levels of ADHD symptoms engage in more risky behavior.

It was found that there is no correlation between prosocial problems and ADHD symptoms.

There is a significant correlation between SDQ and ARTI. It was found that there is a correlation between hyperactivity and likelihood of engaging in risky behavior (sig = .007). In contrast, there is no correlation between likelihood and emotional symptoms (sig = .773). It was found that risky behavior was not predicted by emotional symptoms. As a result of these findings, I did not further analyze the emotional symptoms scale. In conclusion, it was found that ADHD is the most significant predictor of risky behavior (95%), more than gender and age.

**Hypotheses testing**

 **H1**

In the first phase, multiple linear regressions were used to test if age and gender significantly predicted ADHD symptoms. The overall regression was statistically significant (R2 = .162], F (df regression, df residual) = [2], p = [.001). It was found that age and gender did significantly predict risky behavior (β = 16.2%], p = [.001]).

In the second phase, multiple linear regressions were used to test if ADHD symptoms significantly predicted risky behavior. The overall regression was statistically significant (R2 = .287], F (df regression, df residual) = [4], p = [.000]). It was found that ADHD symptoms significantly predicted risky behavior, above and beyond age and gender, which further explained the additional 12.4% of variance [Response variable] (β = 12.4% = [.001]).

In addition, I wanted to examine whether risky behavior is more related to hyperactivity or to inattention symptoms. It was found that the attention variable is not a significant predictor (B=.011). In addition, hyperactivity was found to be a significant predictor of risky behavior (B=.408). That is, ADHD symptoms were a significant predictor of risky behavior beyond attention symptoms.

**H2**

In the first phase, multiple linear regressions were used to test if age and gender significantly predicted norms (injunctive and descriptive).

The overall regression was statistically significant (R2 = [.162], F (df regression, df residual) = [2], p = [.001). It was found that age and gender did significantly predict risky behavior (β = 16.2%], p = [.001]).

In the second phase, multiple linear regressions were used to test if injunctive and descriptive norms significantly predicted risky behavior. The overall regression was statistically significant (R2 = 595], F (df regression, df residual) = [4], p = [.000]).

It was found that injunctive and descriptive norms significantly predicted risky behavior which further explained an additional 43% of variance [response variable] (β = 43% = [.000]).

**H3**

**Descriptive norms**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted descriptive norms, and, in the second block, they were used to test if ADHD symptoms predicted descriptive norms.

The overall regression was statistically significant (R2 = [.052], F (df regression, df residual) = [2], p = [.108]). It was found that age and gender did not predict descriptive norms (β = 52%], p = [.108]). In addition, it was found that ADHD symptoms did not predict descriptive norms (β = 32%], p = [.244]).

**Injunctive norm**

In the first block, multiple linear regressions were used to test if age and gender significantly predicted injunctive norms, and in the second block, they were used to test if ADHD symptoms predicted injunctive norms.

The overall regression was statistically significant (R2 = [.116], F (df regression, df residual) = [2], p = [.006]). It was found that age and gender did predict injunctive norms (β = 11.6%], p = [.006]). In contrast, it was found that ADHD symptoms did not predict injunctive norm (β = 36%], p = [.189]).

In conclusion, norms are not a predictive factor between attention deficit disorder and risky behavior. Hence, hypothesis number four was not tested.

**Discussion**

Previous studies have identifiedthatADHD is associated with specific risky behaviors, such as dangerous driving, smoking, gambling, unprotected sex, and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019). The goal of this study was to examine the link between perceptions of social norms and risky behavior among adults with ADHD. The first hypothesis was that there would be a positive association between ADHD and risky behavior, with adults with high levels of ADHD symptoms engaging in more risky behaviors than adults with low levels of ADHD symptoms. The second hypothesis was that there would be a positive relationship between perceptions of norms and risky behavior by subjects. The mediated hypothesis was that the relationship between ADHD and risky behavior would be mediated by perceptions of norms. The results were partially confirmed. It was found that there is an association between ADHD and risky behavior, and between perceptions of norms and risky behavior. However, it was found that the relationship between ADHD and risky behavior is not mediated by perception of norms.

**ADHD and risky behavior**

According to the results, the first hypothesis was confirmed, and it was found that there is a positive association between ADHD and risky behavior. The research findings support the findings of other studies (Pollak, Dekkers, Shoham, & Huizenga, 2019; Boyer, 2006; Groen, Gaastra, Lewis-Evans & Tucha, 2013; Shoham et al, 2016 etc). ADHD is associated with specific risky behaviors such as dangerous driving and involvement in traffic accidents, smoking, gambling, unprotected sex and substance abuse (Pollak, Dekkers, Shoham, & Huizenga, 2019). The relationship between ADHD and risky behavior could be explained by executive dysfunction. The assumption is that risky behavior in ADHD is caused by impaired impulse control, due to deficiencies in inhibition of prepotent responses, interruption of ongoing responses after feedback on errors, and interference control (Groen, Gaastra, Lewis-Evans & Tucha, 2013). In contrast, in this study I offer another theory that that the relationship between ADHD and risky behavior could be explained by perception of norms.

In addition, previous studies have indicated that higher levels of ADHD symptoms –both inattention and hyperactivity/ impulsivity– were related to engaging more frequently in a variety of risky behaviors. Furthermore, both inattention and hyperactivity/impulsivity were found to be in direct and indirect relationships with risky behavior. In addition, a recent study reviewed several differences that can explain this association, such as comorbid disorders, sensation-seeking, and high sensitivity to peer pressure. Moreover, researchers have found that there are decision theory variables that may characterize individuals with ADHD, such as suboptimal utility maximization, increased benefit perception, steep temporal discounting, and deficient feedback processing, all of which may also account for an increased propensity to engage in risky behaviors.

In this study, we found that inattention is not a significant predictor for risky behavior. In addition, hyperactivity was found to be a significant predictor of risky behavior. In other words, risky behavior was significantly predicted by ADHD symptoms, above and beyond attention symptoms.

**Norms and risky behavior**

Alexord (1986) explains that “a norm exists in a given social setting to the extent that individuals usually act in a certain way and are often punished when seen not to be acting in this way.” Deutsch & Gerard (1995)distinguished between two different kinds of norms, descriptive norms and injunctive norms. The distinction between the two kinds of norms is important, because these are distinct sources of motivation. Descriptive norms reflect existing procedures: what is commonly done. Injunctive norms, on the other hand, focus on what is desirable and what needs to be done (Rimal, Lapinski & Real, 2005).

Various studies found that there is a positive association between norms and risky behavior. For example, it was found that people with ADHD are more affected by the relationship between the perceptions of norms by their peers, in the context of risky behavior. Studies have found that peer tolerance is an injunctive norm, and it indicates the peer group’s perception of the same risky behavior. The study claims that descriptive norms predict engagement in risky behavior at a given moment, whereas injunctive norms predict participation in long-term risky behavior (Larimer, 2004). In this study, variable norms were measured with an ARTI questionnaire that includes three sub-questionnaires, the purpose of which was to assess the subject’s likelihood of engaging in 40 risky behaviors and their perception of descriptive and injunctive norms regarding these behaviors (DOSPERT: Blais, & Weber, 2006; Weber et al., 2002). Two parts were added to the questionnaire to examine the perceived likelihood of engaging in each risky behavior by the subject’s friends and the subject’s perceived degree of tolerance for the risky behavior in their social context. According to the results of the study, the second hypothesis was confirmed. It was found that there is a positive association between norms and risky behavior.

**ADHD and perception of norms**

Various studies have uncovered a positive association between ADHD symptoms, perception of norms, and risky behavior. For example,Eck, Markle, Dattilo & Flory (2014) found that people with ADHD are more affected by the perceptions of norms by their peers in the context of risky behavior. The study claims that descriptive norms predict engagement in risky behaviors at a given time, whereas injunctive norms predict participation in long-term risky behavior (ECK, 2014). Glass and Flory (2010) provide additional evidence for a link between perceptions of peer norms, peer influences, and risky behavior. They demonstrate how perceptions of social norms and ADHD symptoms were significant predictors of smoking over time.

In line with these studies, this study assumed that a negative relationship would be found between levels of ADHD symptoms and perceptions of norms. However, it was, found that ADHD symptoms did not predict descriptive or injunctive norms. As we can see, these results contradict those of previous studies (Eck, Markle, Dattilo & Flory, 2014). There are a number of factors that to which these discrepancies may be attributed.

It is possible that the hypothesis was wrong. However, as stated above, my hypothesis partially corresponds to previous studies that examined the relationship between ADHD symptoms and perception of norms. There is, therefore, a second possibility whereby the hypothesis was correct but the measurement methods were inaccurate. It is possible that several clinical limitations may have affected the results of this study. For example, the sample of the research was small and this affected the results. In terms of the results, it was found that there is a correlation between ADHD symptoms and perception of norms but this correlation was not significant. As a result, the effects of this correlation were less significant than expected.

Another possibility is that, in other studies, one kind of risky behavior was assessed, whereas, I assessed several in my questionnaires. It could, therefore, have been difficult to distinguish between behaviors that are mediated by perceptions of norms and those that are. As a result of these problems, my third hypotheses was not confirmed. On account of these results, hypothesis four was not examined.

**Conclusions and clinical implications**

This study found an association between high levels of ADHD symptoms and risky behavior. I also found an association between perceptions of norms and risky behavior. However, it was found that ADHD symptoms did not predict perceptions of norms. Moreover, following these results, hypothesis four was not examined. These results contradict the results of previous studies. Therefore, it is possible that the hypothesis was correct but that some of the measurement methods in the study were not accurate owing to clinical limitations. Further research should investigate the same hypotheses with a larger sample of subjects or use different measurement methods. Another suggestion for further research is to examine other factors that could mediate the relationship between ADHD symptoms and risky behavior.

**Bibliography**

1. Alexord, R. (1986). **An Evolutionary Approach of Norms**. The American Political Science Review, 80(4), 1095-1111.
2. Barkley, R. A. (1990). **Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment**. New York: Guilford Press.
3. Barkley, R.A. (1997). **Behavioral Inhibition, Sustained Attention, and Executive Functions: Constructing a Unifying Theory of ADHD**. Psychological Bulletin, 121(1), 65-94.
4. Barkley RA, Cox D. (2007). **A review of driving risks and impairments associated with attention-deficit/hyperactivity disorder and the effects of stimulant medication on driving performance.** J Saf Res, 38(1), 113–28.

# [Biederman](https://pubmed.ncbi.nlm.nih.gov/?term=Biederman+J&cauthor_id=9000777), J., [Wilens](https://pubmed.ncbi.nlm.nih.gov/?term=Wilens+T&cauthor_id=9000777), T., [Mick](https://pubmed.ncbi.nlm.nih.gov/?term=Mick+E&cauthor_id=9000777), E., Faraone, S.V., Weber, W., Curtis, S., Thornell, [A.](https://pubmed.ncbi.nlm.nih.gov/?term=Thornell+A&cauthor_id=9000777), Pfister. K., Jetton, J.G. & Soriano, [J. (1997). Is ADHD a risk factor for psychoactive substance use disorders? Findings from a four-year prospective follow-up study. J](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)*[ournal of the American Child Adolesc Psychiatry](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)*[, 36(1), 9-21.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)

1. [Blais, A. R., & Weber, E. U. (2006).](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) **[A Domain-Specific Risk-Taking (DOSPERT) scale for adult populations](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)**[.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) *[Judgment and Decision Making](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)*[, 1(1), 33–47.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)
2. [Boyer, T. W. (2006).](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) **[The development of risk-taking: A multi-perspective review](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)**[.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) *[Developmental Review](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)*[, 26, 291-345.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)
3. [Charach A, Yeung E, Climans T, Lillie E. (2011).](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) **[Childhood attentiondeficit/hyperactivity disorder and future substance use disorders: comparative meta-analyses](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)**[.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777) *[J Am Acad Child Adolesc Psychiatry](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)*[, 50(1), 9–21.](https://pubmed.ncbi.nlm.nih.gov/?term=Soriano+J&cauthor_id=9000777)
4. Dekkers, T.J., Pompa, A., Sonuga-Barke, E.J.S., Oldenhof, H., Bexkens, A., Jansen, B.R.J. & Huizenga, H.M. (2020). **Risk Taking by Adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD): a Behavioral and Psychophysiological Investigation of Peer Influence.** *Journal of Abnormal Child Psychology,* 48, 1129-1140.
5. Deutsch, M., & Gerard, H. B. (1955). **A study of normative and informational social influences upon individual judgment**. *The journal of abnormal and social psychology*, *51*(3), 629.‏
6. DuPaul, G.T., Weyandt, L.L. and Janusis, G.M. (2011). **ADHD in classroom: Effective intervention Strategies**. *Theory Into Practice*, 50(1), 35-42.
7. Eck, K.V., Markle, R.S., Dattilo. L. & Flory, K. (2014). **Do Peer Perceptions Mediate the Effects of ADHD Symptoms and Conduct Problems on Substance Use for Collage Students?** *Psychology of Addictive Behaviors*, 28(2), 431-442. DOI: 10.1037/a0036226
8. Glass, K., Flory, K, (2010). **Who does ADHD Confer Risk for Cigarette Smoking? A Review of Psychosocial Mechanisms**. *Clinical Child and Family Psychology Review*, 13, 291-313.
9. Goodman, R. (1997). **The Strengths and Difficulties** **Questionnaire: A Research Note**. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
10. Groen, Y., Gaastra, G.F., Lewis-Evans, B. and Tucha, O. (2013). **Risky behavior in gambling tasks in individuals with ADHD – A systematic literature review. PLos One**, 8(9), 1-16.
11. Goueta, N., Gershy, N., Van Hoorn, J., & Pollak, Y. (2021). **The Relations Between Parental Knowledge, ADHD Symptoms and Risky Adolescent Behavior at Two Time Points**, *Isr J Psychiatry*, 58(2), 62-70.
12. Kessler, R. C., Adler, L., Ames, M., Demler, O., Faraone, S., Hiripi, E. V. A., & Ustun, T. B. (2005). **The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population***. Psychological Medicine*, 35(02), 245-256.
13. Larimer, M. E., Turner, A. P., Mallett, K. A., & Geisner, I. M. (2004). **Predicting drinking behavior and alcohol-related problems among fraternity and sorority members: examining the role of descriptive and injunctive norms**. *Psychology of Addictive Behaviors*, 18(3), 203.‏
14. Lee SS, Humphreys KL, Flory K, Liu R, Glass K. (2011). **Prospective association of childhood attention-deficit/hyperactivity disorder (ADHD) and substance use and abuse/dependence: a metaanalytic review**. Clin Psychol Rev, 31(3), 328–41.
15. Meier, M.N., Walter, P. & Koenig, T. (2012). **Neurophysiological correlates of delinquent behaviour in adult subjects with ADHD**. *International Journal of Psychophysiology*, 84(1), 1-16.
16. Nigg, J.T., Stavro, G., Ettenhofer, M., Hambrick, D. Z., Miller, T. & Henderson, J.M. (2005). **Executive Functions and ADHD in Adults: Evidence for Selective Effects on ADHD Symptom Domains**. *Journal of Abnormal Psychology*, 114(3), 706-717.
17. Pollak, Y., Dekkers, T. J., Shoham, R., & Huizenga, H. M. (2019). **Risk-taking behavior in attention deficit/hyperactivity disorder (ADHD): A review of potential underlying mechanisms and of interventions.***Current psychiatry reports*, 21(5), 33.
18. Rimal, R.N., Lapinski, M. K., and Real, K. (2005). **Moving toward a theory of normative influences: how perceived benefits and similarity moderate the impact of descriptive norms on behaviors**. *Journal of Health Communication*, 10(5):433-50.
19. Scholly, K, Katz, A.R., Gascoigne, J. & Holck, P.S. (2005). **Using Social Norms Theory to Explain Perceptions and Sexual Health Behaviors of Undergraduate College Students: An Exploratory Study.** *Journal of American College Health*, 5(4), 159-166. DOI: 10.3200/JACH.53.4.159-166
20. Shoham, R., Sonuga-Barke, E. J., Aloni, H., Yaniv, I., & Pollak, Y. (2016). **ADHD-associated risk taking is linked to exaggerated views of the benefits of positive outcomes**. Scientific Reports, 6, 34833
21. Shoham, R., Sonuga-Barke, E., Yaniv, I. & Pollak, Y. (2019). **ADHD Is Associated With a Widespread Pattern of Risky Behavior Across Activity Domains**. *Journal of attention disorders*, 1-12.
22. Shoham. R., Sonuga-Barke, E., Yaniv. I & Pollak, Y. (2020). **What Drives Risky Behavior in ADHD: Insensitivity to its Risk or Fascination with its Potential Benefits?** *Journal of attention disorders*, 1-15. <https://doi.org/10.1177/1087054720950820>.
23. Sonuga-Barke, E.J.S., Brandeis, D., Cortese, S., Daley, D., Ferrin, M., Holtmann, M., Stevenson, J., Danckaerts, M., Van der Oord, S., Döpfner, M., Dittmann, R.W., Simonoff, E., Zuddas, A., Banaschewski, T., Buitelaar, J., Coghill, D., Hollis, C., Konofal, E., Lecendreux, M., Wong, I.C.K. and Sergeant, J. (2013). **Nonpharmacological Interventions for ADHD: Systematic Review and Meta-Analyses of Randomized Controlled Trials of Dietary and Psychological Treatments.** *The American journal of psychiatry*, 170(3), 275-289.
24. Svensson, M., & Larsson, S. (2012). **Intellectual property law compliance in Europe: Illegal file sharing and the role of social norms**. New media & society, 14(7), 1147-1163.
25. Theule J, Hurl KE, Cheung K, Ward M, Henrikson B. **Exploring the relationships between problem gambling and ADHD: A metaanalysis**. J Atten Disord. 2016. https://doi.org/10.1177/ 1087054715626512.
26. Weber, E. U., Blais, A. R., & Betz, N. E. (2002). **A domain-specific risk-attitude scale: measuring risk perceptions and risk behaviors**. *Journal of Behavioral Decision Making*, 15(4), 263–290. <https://doi.org/10.1002/bdm.414>

**Appendices**

1. ASRS-vl.l (ADHD questionnaire):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| לעיתים תכופות מאד | לעיתים תכופות | לפעמים | לעיתים רחוקות | אף פעם לא |  |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להשלים את הפרטים הקטנים של פרויקט, מהרגע בו החלקים המאתגרים הסתיימו?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה ליצור סדר בדברים, כאשר את/ה מבצע/ת משימה המצריכה ארגון?
 |
|  |  |  |  |  | 1. באיזו תקיפות את/ה מתקשה בזכירת פגישות או התחייבות?
 |
|  |  |  |  |  | 1. כאשר מוטלת עלייך משימה המצריכה חשיבה מרובה, באיזו תכיפות את/ה נמנע/ת או דוחה את התחלתה?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתפתל/ת או מניע/ה בקוצר רוח את ידייך או רגלייך, כאשר עליך לשבת במקומך למשך זמן ארוך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מרגיש/ה פעיל/ה יתר על המידה או מרגיש/ה צורך לעשות דברים, כאילו את/ה פועל/ת על-ידי מנוע?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מבצע שגיאות הנובעות מרשלנות, כאשר עלייך לעבוד על פרויקט משעמם או קשה?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה בשמירה על ריכוז, כאשר את/ה

מבצע/ת עבודה משעממת או עבודה החוזרת על עצמה? |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להתרכז במה שאנשים אומרים לך, אפילו כאשר הם מדברים אלייך באופן ישיר?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מאבד/ת חפצים או מתקשה במציאתם, בעבודה או בבית?
 |
|  |  |  |  |  | 1. באיזו תכיפות דעתך מוסחת על-ידי פעילות או רעש בסביבתך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה קם/ה ממושבך במהלך פגישה או בכל

סיטואציה אחרת, בה מצופה ממך להישאר במקומך? |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מרגיש/ה חסר/ת-מנוחה או קצר/ת-רוח?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה להירגע ולהשתחרר כאשר יש לך זמן לעצמך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מוצא/ת את עצמך מדבר/ת יותר מידי כאשר את/ה בסיטואציה חברתית?
 |
|  |  |  |  |  | 1. כאשר את/ה במהלך שיחה, באיזו תכיפות את/ה מוצא/ת את עצמך מסיים/ת משפטים של האנשים עימם את/ה מדבר/ת, לפני שהם מסיימים אותם בעצמם?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מתקשה לחכות לתורך בסיטואציות בהן את/ה נדרש/ת לכך?
 |
|  |  |  |  |  | 1. באיזו תכיפות את/ה מפריע/ה לאחרים כאשר הם עסוקים?
 |

1. Strength and Difficulties Questionnaire (SDQ):

|  |  |  |  |
| --- | --- | --- | --- |
| נכון | די נכון (נכון חלקית) | לא נכון | בחצי שנה האחרונה |
|  |  |  | 1. אני משתדל/ת להיות נחמד לאנשים אחרים. אכפת לי מהרגשות שלהם.
 |
|  |  |  | 1. אני חסר/ת מנוחה, אני מתקשה לשבת לאורך זמן
 |
|  |  |  | 1. אני סובל מכאבי ראש, כאבי בטן, או תחושת חולי
 |
|  |  |  | 1. בדרך כלל אני מתחלק/ת עם אחרים בדברים שלי כמו אוכל או שתיה.
 |
|  |  |  | 1. הרבה פעמים אני מתרגז/ת מאד ולעיתים קרובות אני מאבד את העשתונות.
 |
|  |  |  | 1. אני מעדיף להיות לבד מאשר עם אנשים אחרים
 |
|  |  |  | 1. לרוב אני מוכן לעשות מה שאחרים מבקשים ממני
 |
|  |  |  | 1. אני דואג/ת הרבה.
 |
|  |  |  | 1. אם מישהו פגוע, מוטרד או מרגיש חולה, אני אעזור לו.
 |
|  |  |  | 1. אני כל הזמן נמצא בתנועה.
 |
|  |  |  | 1. יש לי לפחות חבר אחד טוב.
 |
|  |  |  | 1. אני רב/ה הרבה עם אחרים. אני יכול/ה לגרום לאנשים אחרים לעשות מה שאני רוצה.
 |
|  |  |  | 1. לעיתים קרובות אני לא שמח/ה. אני מדוכא/ת או בוכה.
 |
|  |  |  | 1. אנשים אחרים בדרך כלל אוהבים אותי.
 |
|  |  |  | 1. דעתי מוסחת בקלות, קשה לי להתרכז.
 |
|  |  |  | 1. אני עצבני/ת במצבים חדשים. אני מאבד/ת בקלות את הביטחון שלי.
 |
|  |  |  | 1. אני נחמד/ה לילדים.
 |
|  |  |  | 1. הרבה פעמים מאשימים אותי בשקר או ברמאות.
 |
|  |  |  | 1. אנשים אחרים מתגרים בי או מתנהגים כלפיי באלימות.
 |
|  |  |  | 1. לעיתים קרובות אני מציע/ה לעזור לאנשים אחרים (בני משפחה, חברים, עמיתים).
 |
|  |  |  | 1. אני חושב/ת לפני שאני עושה דברים.
 |
|  |  |  | 1. אני לוקח/ת דברים שאינם שלי מהבית, מהעבודה או ממקום אחר.
 |
|  |  |  | 1. אני מסתדר/ת יותר טוב עם מבוגרים מאשר עם אנשים בגיל שלי.
 |
|  |  |  | 1. יש לי הרבה פחדים, אני נבהל אותי בקלות.
 |
|  |  |  | 1. אני מבצע/ת את העבודה שלי (או דברים שאני צריך/ה לעשות) עד הסוף. יש לי יכולת ריכוז טובה.
 |

1. ARTI

|  |
| --- |
| עבור כל אחד מההיגדים הבאים, אנא ציין מה הסבירות **שאת/ה** היית עוסק/ת בפעילות או בהתנהגות המתוארת אילו היית נמצא/ת בסיטואציה רלוונטית. |
|  | בטוח שלא | די בטוח שלא | כנראה שלא | לא בטוח | כנראה שכן | די בטוח שכן | בטוח שכן |
| 1. לטוס לחו”ל עם אדם שהכרת דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתך לא אוהבת.
 |  |  |  |  |  |  |  |
| 1. לנסוע לראות שיטפונות.
 |  |  |  |  |  |  |  |
| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
 |  |  |  |  |  |  |  |
| 1. לעשן מדי פעם מריחואנה ו/או חשיש.
 |  |  |  |  |  |  |  |
| 1. לעשות צניחה חופשית.
 |  |  |  |  |  |  |  |
| 1. לנהוג במצב של חוסר ערנות פיזי (כגון: חסך שינה, תרופות).
 |  |  |  |  |  |  |  |
| 1. פעם בשבוע לשתות 5 יחידות משקה אלכוהולי במהלך יום אחד (1 יחידה = פחית בירה / כוס יין / כוסית אלכוהול).
 |  |  |  |  |  |  |  |
| 1. לקנות כרטיס לוטו.
 |  |  |  |  |  |  |  |
| 1. חצות כביש בין-עירוני שלא במעבר חצייה.
 |  |  |  |  |  |  |  |
| 1. לקיים יחסי מין לא מוגנים.
 |  |  |  |  |  |  |  |
| 1. להביע דעה פוליטית-חברתית בעבודה המנוגדת לדעה הרווחת במקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לא להתכונן לפגישה מקצועית חשובה.
 |  |  |  |  |  |  |  |
| 1. להימנע מבדיקות רפואיות על אף כאב מתמשך או הוראת רופא.
 |  |  |  |  |  |  |  |
| 1. לחרוג ממסגרת האשראי בהיקף של למעלה ממשכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לקחת טרמפים עם אנשים לא מוכרים.
 |  |  |  |  |  |  |  |
| 1. להמר על משכורת שבועית במשחקי הימורים.
 |  |  |  |  |  |  |  |
| 1. להשתזף מבלי למרוח קרם הגנה.
 |  |  |  |  |  |  |  |
| 1. להחליט לחלוק דירה עם אדם שאתה לא מכיר היטב.
 |  |  |  |  |  |  |  |
| 1. לגלות סוד של חבר למישהו אחר.
 |  |  |  |  |  |  |  |
| 1. לקפוץ בנג’י.
 |  |  |  |  |  |  |  |
| 1. לנהוג בניגוד להוראות החוק (כגון: נהיגה מעל המהירות המותרת / אי ציות להוראות, תמרורים ורמזורים).
 |  |  |  |  |  |  |  |
| 1. לקנות מניות ספקולטיביות (השקעה בסיכון גבוה) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לעשן 5 או יותר סיגריות ביום.
 |  |  |  |  |  |  |  |
| 1. לעשות ספורט אתגרי אקסטרים (כגון: סנוו-בורד, פארקור).
 |  |  |  |  |  |  |  |
| 1. ללכת ברחוב לבוש בבגדים לא קונבנציונליים.
 |  |  |  |  |  |  |  |
| 1. לחלוק על הבוס שלך בעניין מקצועי בנוכחות עמיתים לעבודה.
 |  |  |  |  |  |  |  |
| 1. להשקיע ביוזמה עסקית חדשה בסדר גודל של משכורת שנתית.
 |  |  |  |  |  |  |  |
| 1. לרדת ממצוק בדרגת קושי גבוהה מעבר ליכולת שלך.
 |  |  |  |  |  |  |  |
| 1. להקשיב למוסיקה רועמת מעל 100 דציבלים ( 30 דציבל = לחישה ; 120 דציבל = מוסיקת מועדונים).
 |  |  |  |  |  |  |  |
| 1. לקנות אגרות חוב (השקעה בסיכון נמוך) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לא לענות לחבר בוואטס-אפ למרות שהוא רואה שאתה מחובר.
 |  |  |  |  |  |  |  |
| 1. לנהוג במכונית מבלי לחגור חגורת בטיחות.
 |  |  |  |  |  |  |  |
| 1. לשתות מעבר למקובל באירועים חברתיים המאורגנים על ידי מקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לשתות לפחות 4 כוסות קפה מדי יום.
 |  |  |  |  |  |  |  |
| 1. לעשות דיאטות רצח, לקחת גלולות הרזיה.
 |  |  |  |  |  |  |  |

|  |
| --- |
| עבור כל אחד מההיגדים הבאים, אנא ציין מה הסבירות  **שאחד מחברייך (או יותר)** היה עוסק בפעילות או בהתנהגות המתוארת אילו היית נמצא בסיטואציה רלוונטית. |
|  | בטוח שלא | די בטוח שלא | כנראה שלא | לא בטוח | כנראה שכן | די בטוח שכן | בטוח שכן |
| 1. לטוס לחו”ל עם אדם שהוא הכיר דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתו לא אוהבת.
 |  |  |  |  |  |  |  |
| 1. לנסוע לראות שיטפונות.
 |  |  |  |  |  |  |  |
| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
 |  |  |  |  |  |  |  |
| 1. לעשן מדי פעם מריחואנה ו/או חשיש.
 |  |  |  |  |  |  |  |
| 1. לעשות צניחה חופשית.
 |  |  |  |  |  |  |  |
| 1. לנהוג במצב של חוסר ערנות פיזי (כגון: חסך שינה, תרופות).
 |  |  |  |  |  |  |  |
| 1. פעם בשבוע לשתות 5 יחידות משקה אלכוהולי במהלך יום אחד (1 יחידה = פחית בירה / כוס יין / כוסית אלכוהול).
 |  |  |  |  |  |  |  |
| 1. לקנות כרטיס לוטו.
 |  |  |  |  |  |  |  |
| 1. חצות כביש בין-עירוני שלא במעבר חצייה.
 |  |  |  |  |  |  |  |
| 1. לקיים יחסי מין לא מוגנים.
 |  |  |  |  |  |  |  |
| 1. להביע דעה פוליטית-חברתית בעבודה המנוגדת לדעה הרווחת במקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לא להתכונן לפגישה מקצועית חשובה.
 |  |  |  |  |  |  |  |
| 1. להימנע מבדיקות רפואיות על אף כאב מתמשך או הוראת רופא.
 |  |  |  |  |  |  |  |
| 1. לחרוג ממסגרת האשראי בהיקף של למעלה ממשכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לקחת טרמפים עם אנשים לא מוכרים.
 |  |  |  |  |  |  |  |
| 1. להמר על משכורת שבועית במשחקי הימורים.
 |  |  |  |  |  |  |  |
| 1. להשתזף מבלי למרוח קרם הגנה.
 |  |  |  |  |  |  |  |
| 1. להחליט לחלוק דירה עם אדם שאתה לא מכיר היטב.
 |  |  |  |  |  |  |  |
| 1. לגלות סוד של חבר למישהו אחר.
 |  |  |  |  |  |  |  |
| 1. לקפוץ בנג’י.
 |  |  |  |  |  |  |  |
| 1. לנהוג בניגוד להוראות החוק (כגון: נהיגה מעל המהירות המותרת / אי ציות להוראות, תמרורים ורמזורים).
 |  |  |  |  |  |  |  |
| 1. לקנות מניות ספקולטיביות (השקעה בסיכון גבוה) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לעשן 5 או יותר סיגריות ביום.
 |  |  |  |  |  |  |  |
| 1. לעשות ספורט אתגרי אקסטרים (כגון: סנוו-בורד, פארקור).
 |  |  |  |  |  |  |  |
| 1. ללכת ברחוב לבוש בבגדים לא קונבנציונליים.
 |  |  |  |  |  |  |  |
| 1. לחלוק על הבוס שלו בעניין מקצועי בנוכחות עמיתים לעבודה.
 |  |  |  |  |  |  |  |
| 1. להשקיע ביוזמה עסקית חדשה בסדר גודל של משכורת שנתית.
 |  |  |  |  |  |  |  |
| 1. לרדת ממצוק בדרגת קושי גבוהה מעבר ליכולת שלו.
 |  |  |  |  |  |  |  |
| 1. להקשיב למוסיקה רועמת מעל 100 דציבלים ( 30 דציבל = לחישה ; 120 דציבל = מוסיקת מועדונים).
 |  |  |  |  |  |  |  |
| 1. לקנות אגרות חוב (השקעה בסיכון נמוך) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לא לענות לחבר בוואטס-אפ למרות שהוא רואה שאתה מחובר.
 |  |  |  |  |  |  |  |
| 1. לנהוג במכונית מבלי לחגור חגורת בטיחות.
 |  |  |  |  |  |  |  |
| 1. לשתות מעבר למקובל באירועים חברתיים המאורגנים על ידי מקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לשתות לפחות 4 כוסות קפה מדי יום.
 |  |  |  |  |  |  |  |
| 1. לעשות דיאטות רצח, לקחת גלולות הרזיה.
 |  |  |  |  |  |  |  |

|  |
| --- |
| עבור כל אחד מההיגדים הבאים, אנא ציין מהי מידת הסובלנות של החברה לגבי העיסוק בפעילות או בהתנהגות המתוארת. השתמש בסולם הדירוג שלפניך הנע בין “כלל לא” לבין “גבוהה מאד” |
|  | כלל לא | די בטוח שלא | כנראה שלא | לא גבוהה | די גבוהה | גבוהה | גבוהה מאד |
| 1. לטוס לחו”ל עם אדם שהכרת דרך האינטרנט למטרת טיול משותף.
 |  |  |  |  |  |  |  |
| 1. ללכת לבד בשעת לילה מאוחרת באזור לא בטוח של העיר.
 |  |  |  |  |  |  |  |
| 1. לשתף במידע מזהה ברשתות החברתיות (כגון: כתובת מגורים, טלפון).
 |  |  |  |  |  |  |  |
| 1. להשתמש פעם אחת בסמים קשים.
 |  |  |  |  |  |  |  |
| 1. לתפוס צד בריב של שני חברים טובים שלך.
 |  |  |  |  |  |  |  |
| 1. לצאת עם בן/בת זוג שמשפחתך לא אוהבת.
 |  |  |  |  |  |  |  |
| 1. לנסוע לראות שיטפונות.
 |  |  |  |  |  |  |  |
| 1. לא לגבות נתונים, מסמכים ומידע בענן (cloud) או בדיסק קשיח - hard disk.
 |  |  |  |  |  |  |  |
| 1. לעשן מדי פעם מריחואנה ו/או חשיש.
 |  |  |  |  |  |  |  |
| 1. לעשות צניחה חופשית.
 |  |  |  |  |  |  |  |
| 1. לנהוג במצב של חוסר ערנות פיזי (כגון: חסך שינה, תרופות).
 |  |  |  |  |  |  |  |
| 1. פעם בשבוע לשתות 5 יחידות משקה אלכוהולי במהלך יום אחד (1 יחידה = פחית בירה / כוס יין / כוסית אלכוהול).
 |  |  |  |  |  |  |  |
| 1. לקנות כרטיס לוטו.
 |  |  |  |  |  |  |  |
| 1. חצות כביש בין-עירוני שלא במעבר חצייה.
 |  |  |  |  |  |  |  |
| 1. לקיים יחסי מין לא מוגנים.
 |  |  |  |  |  |  |  |
| 1. להביע דעה פוליטית-חברתית בעבודה המנוגדת לדעה הרווחת במקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לא להתכונן לפגישה מקצועית חשובה.
 |  |  |  |  |  |  |  |
| 1. להימנע מבדיקות רפואיות על אף כאב מתמשך או הוראת רופא.
 |  |  |  |  |  |  |  |
| 1. לחרוג ממסגרת האשראי בהיקף של למעלה ממשכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לקחת טרמפים עם אנשים לא מוכרים.
 |  |  |  |  |  |  |  |
| 1. להמר על משכורת שבועית במשחקי הימורים.
 |  |  |  |  |  |  |  |
| 1. להשתזף מבלי למרוח קרם הגנה.
 |  |  |  |  |  |  |  |
| 1. להחליט לחלוק דירה עם אדם שאתה לא מכיר היטב.
 |  |  |  |  |  |  |  |
| 1. לגלות סוד של חבר למישהו אחר.
 |  |  |  |  |  |  |  |
| 1. לקפוץ בנג’י.
 |  |  |  |  |  |  |  |
| 1. לנהוג בניגוד להוראות החוק (כגון: נהיגה מעל המהירות המותרת / אי ציות להוראות, תמרורים ורמזורים).
 |  |  |  |  |  |  |  |
| 1. לקנות מניות ספקולטיביות (השקעה בסיכון גבוה) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לעשן 5 או יותר סיגריות ביום.
 |  |  |  |  |  |  |  |
| 1. לעשות ספורט אתגרי אקסטרים (כגון: סנוו-בורד, פארקור).
 |  |  |  |  |  |  |  |
| 1. ללכת ברחוב לבוש בבגדים לא קונבנציונליים.
 |  |  |  |  |  |  |  |
| 1. לחלוק על הבוס שלך בעניין מקצועי בנוכחות עמיתים לעבודה.
 |  |  |  |  |  |  |  |
| 1. להשקיע ביוזמה עסקית חדשה בסדר גודל של משכורת שנתית.
 |  |  |  |  |  |  |  |
| 1. לרדת ממצוק בדרגת קושי גבוהה מעבר ליכולת שלך.
 |  |  |  |  |  |  |  |
| 1. להקשיב למוסיקה רועמת מעל 100 דציבלים ( 30 דציבל = לחישה ; 120 דציבל = מוסיקת מועדונים).
 |  |  |  |  |  |  |  |
| 1. לקנות אגרות חוב (השקעה בסיכון נמוך) בסך של משכורת חודשית.
 |  |  |  |  |  |  |  |
| 1. לא לענות לחבר בוואטס-אפ למרות שהוא רואה שאתה מחובר.
 |  |  |  |  |  |  |  |
| 1. לנהוג במכונית מבלי לחגור חגורת בטיחות.
 |  |  |  |  |  |  |  |
| 1. לשתות מעבר למקובל באירועים חברתיים המאורגנים על ידי מקום העבודה.
 |  |  |  |  |  |  |  |
| 1. לשתות לפחות 4 כוסות קפה מדי יום.
 |  |  |  |  |  |  |  |
| 1. לעשות דיאטות רצח, לקחת גלולות הרזיה.
 |  |  |  |  |  |  |  |