

Effects of the Acquisition of a Driver's License on Adolescent Meal Choice

Among High-school Age Students

AP Research

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Introduction

Adolescence is a period of extreme change, whether it be physical, social, or mental, especially among high-school age adolescents. As teenagers grow closer to adulthood, they search for a sense of personal identity, and in that search, tend to stray from their parents to reach a state of semi-independence. A highlight of this transition is the acquisition of a driver's license, usually at the age of 16 or 17, which grants them a substantial amount of freedom. The freedom associated with being able to drive means high-school age adolescents are less reliant on their guardians and can make decisions without parental oversight. Essentially, the acquisition of a driver's license gives a teen a higher degree of control over their own lifestyle than they previously held. However, considering that teens lack both life experience and relative self-control, it is uncertain if this new-found freedom is used wisely.

In the case of dietary preferences, teens generally do not exhibit healthy practices. Adolescents rarely consider the nutritional content of what they eat and oftentimes prioritize convenience when choosing where to eat. In addition, adolescents often spend increased amounts of time with friends and peers away from their home thereby reducing the ability of parents to control their behavior. For these reasons, teens tend to eat at quick-service restaurants (QSR), or fast-food restaurants, more than any other age group. QSR's are defined by their minimal table service and speed-oriented approach to food preparation, examples being McDonald's, Taco Bell, and Chick-fil-A. Typical QSR meals are high in sodium, saturated fat, trans fat, and cholesterol, leading to their low nutritional value. As a result, dangerous health conditions such as obesity, hypertension, and adult-onset diabetes can develop through a diet high in QSR meals.

Because a driver's license provides teens with more control over their own lifestyles, and they oftentimes prioritize convenience when choosing where to eat, adolescents should be at a higher risk for developing and practicing unhealthy eating habits once they gain the ability to drive. This study aims to determine if the acquisition of a driver's license affects the frequency of QSR meals among Thousand Oaks High School (TOHS) adolescents, and to identify the health implications of the dietary phenomena observed.

Literature Review

The core subject matter of this paper was influenced by B. Omatseye's *The adolescent quest for autonomy: renegotiating a cordial relationship*, in which the author discusses the change in the parent-child relationship as the adolescent grows and attempts to gain more autonomy from their parents. The author describes how independence can lead a teen to make poor or unhealthy decisions, which parents will try to prevent, but in doing so, take away the freedom teens value so much (Omatseye 2007). Researchers from the University of Rochester expand on this conflict by discussing how adolescents push for greater autonomy and freedom from parental control (Campione-Barr, Crean, & Smetana, 2005). The high-school years can be seen as one's transition between a child dependent on their guardians to a self-sufficient adult. As adolescents develop more independence, this transition is defined by exposure to new freedoms.

New freedoms and increased autonomy for teens may lead to decisions that negatively impact their health. One way to understand adolescent risk behavior is through the application of P. Hall and G. Fong's temporal self-regulation theory (Hall & Fung 2007). This behavioral model proposes that people make unhealthy decisions because such decisions often provide

immediate benefits, and long-term costs that are not immediately apparent. According to this theory, people struggle with maintaining a healthy lifestyle because it requires one to ignore their immediate desires for the sake of intangible, long-term benefits. As a result, people make choices that sate their immediate desires, even when they understand those choices to be detrimental to their overall health. Smoking is a prime example of such behavior.

Some studies indicate that an immature neurological system may contribute to teens being especially susceptible to taking imprudent actions for the sake of immediate benefits. According to a 2012 study by P. Collins and M. Lucianna, the brain's dopamine systems, which regulate motivation and pleasure reward, rapidly increase in activity during the adolescent years, while the systems responsible for higher thought processes and critical decision-making lag behind (Collins & Lucianna, 2012). Although teens often have the neurological capacity to understand the possible consequences of their choices, this research indicates their enlarged dopamine systems make impulse control more challenging than it would be for other age groups.

Teens may make decisions on their diet and dietary choices based on immediate benefits rather than the long-term costs. Research on eating patterns indicates adolescents eat more meals from QSRs than any other age group, as observed in a study by N. Larson and P. Hannan (2014). They found if a teen becomes hungry away from the household, they will typically follow the simplest course of action to satiate that hunger. QSRs, which are known for their cheapness and convenience, offer a swift, painless solution to the teen's problem. So, although teens would understand fast food is conceptually unwise for their overall health, they would eat it nonetheless.

The quality of the food provided by QSRs has been a common research topic. In a study entitled “Nutritional challenges and health implications of takeaway and fast food,” researchers from Liverpool John Moores University analyzed the nutritional characteristics of QSR items, as well as the associated diseases linked with unhealthy eating behavior (Jaworowska, Blackham, Davies, & Stevenson, 2013). QSR food is typically very high in caloric content, sodium, total fat, saturated fat, and trans fatty acid content. A longitudinal study Funded by the National Heart, Lung and Blood Institute (NHLBI) and published in *The Lancet*, followed over 3000 young adults over 15 years beginning in their early teens, and found that fast-food consumption had strong positive associations with weight gain and insulin resistance (Pereira et al., 2005). Results suggested that participants who ate at QSR restaurants more than twice per week had gained an extra ten pounds and had an increased risk for insulin resistance, type 2 diabetes, and heart disease. Frequent QSR consumption during adolescence sets a precedent for long-term unhealthy eating, and represents increased danger for several diseases.

Eating at QSRs is associated with other indirect risky health behaviors beyond the direct nutritional impact of consuming unhealthy fast food. In a study titled *Correlates of fruit, vegetable, soft drink, and snack intake among adolescents: the ESSENS study*, researchers from the Department of Nursing and Health Promotion at Oslo and Akershus University College of Applied Sciences found that young adolescents who ate QSR meals frequently also consumed more soft drinks and snacks, while eating fewer fruits and vegetables (Gebremariam, Henjum, Terragni, & Torheim, 2016). While a clear relationship of causation was not established, the researchers concluded that eating at QSRs sets a norm for similarly unhealthy dietary choices.

Another indirect consequence of eating at QSRs on diet and nutrition is the lessening of eating at-home meals. An at-home meal is any meal prepared and eaten at the homestead, usually provided to the adolescent by their parent/guardian. In the research paper *Frequency of eating home cooked meals and potential benefits for diet and health: cross-sectional analysis of a population-based cohort study*, it was found that diets rich in at-home meals contributed to greater dietary health due to their propensity for fruits, vegetables, Vitamin C, among other beneficial nutrients. In turn, people who frequently eat at-home meals are less likely to be overweight (Mills, Brown, Wrieden, White, & Adams, 2017).

In a study conducted by researchers from the School of Public Health at the University of North Carolina, it was discovered that older adolescents tend to spend more time away from home than their younger counterparts, and in turn, eat fewer at-home meals (Siega-Riz, Cavadini & Popkin, 2001). The study also found that 15 to 18-year old teens were more likely to have inconsistent meal patterns. As adolescents gain more autonomy over their meal choice, they choose to eat away-from-home meals. Not only are adolescents then eating more meals high in sodium, saturated fat, trans fat, and cholesterol, they are also eating fewer meals at home containing healthier foods and foods with needed vitamins and minerals.

In summary, the adolescent years are characterized by increasing autonomy from parents and guardians. They are also characterized by making impulsive choices, oftentimes making decisions based on immediate benefit over long-term costs. Teens also spend more time away from home. These three factors result in unhealthy eating practices. Adolescents eat unhealthier QSR meals and fewer healthier at-home meals. Fast food is excessive in its caloric content, sodium content, total fat, saturated fat, and trans fatty fat. In fact, one meal from a fast food

restaurant oftentimes approaches or exceeds daily requirements for these items. A diet high in QSR meals contributes to negative health outcomes such as obesity, hypertension, diabetes, and other chronic diseases. It is clear that fast food is unhealthy and should not be a regular part of one's diet. However, as studies have shown, adolescents will eat at QSRs despite them knowing such food to be harmful.

New Direction

Diet and dietary choices are widely researched fields of study. However, a majority of diet studies focus on the effects and implications of certain diets rather than how they develop or come about. The few that attempt to identify the factors that determine diets do so from an environmental perspective. That is, they analyze how the many different aspects of a teen's lifestyle influence their food choices, such as family, economic background, etc. Indeed, an excess of studies answer *why* adolescents eat QSR meals but fail to consider *how*. The means by which adolescents make dietary decisions, such as the ability to drive, are rarely considered.

In addition, practically all studies involving QSRs focus on low-income minorities, mainly in urban areas. This is likely because there is a higher density of QSRs in cities and because the cheapness and convenience of fast food restaurants make it a practical meal provider to lower-income families. Suburban, middle-class areas are seldom the focus of studies pertaining to QSRs.

While the phenomena of a sudden increase in freedom leading to unhealthy dietary behavior has been researched, it has commonly been done among a population of young adults, usually as they move away from their parent's household and become completely self-sufficient. Few studies have focused on freedom leading to unhealthy diets in high-school age adolescents,

and specific increases in adolescent freedom, such as the acquisition of a driver's license are rarely considered. The acquisition of a driver's license itself is not often examined beyond the threat of teen car accidents and the greater implications the freedom provided by driving are neglected in existing literature.

Question and Hypothesis

The initial curiosity that inspired this paper was on the adolescent response to freedom. As teens develop into their adult selves, they push for greater autonomy in their choices and control over their own lifestyle. However, adolescents make impulsive dietary choices, and autonomy provides adolescents with the ability to make impulsive decisions without the supervision of their guardians. The ability to drive provides teens the means and freedom to visit QSRs and engage in unhealthy eating habits, without parental supervision. The effect of having a driver's license on eating fast food was chosen as the focus of this study primarily because the acquisition of a driver's license directly results in the freedom of movement and dietary independence.

The primary goal of this study is to examine the effect a driver's license has on the frequency of eating fast food meals. Specifically, it is hypothesized that those with driver's licenses eat QSR meals at a higher frequency than those without a driver's license.

Some secondary inquiries to be investigated are QSR frequency among different demographics, the relationship between QSR frequency and at-home meal frequency, the relationships between economic independence and QSR frequency, the relationships between meal autonomy and QSR frequency, and the nutritional value of the typical QSR meal.

Methodology

The subjects for this study were students at TOHS, a middle-class, predominantly white, suburban high school in Thousand Oaks, CA. Collecting data from students at the same school controlled for factors such as distance to QSRs and average economic prosperity that could otherwise be confounding variables. A questionnaire was used because the nature of the research question required data from a relatively large number of students to answer. Students were surveyed to determine the frequency of eating QSRs as a function of having a driver's license. The survey was web-based and hosted on Google Forms. It included four main sections: (a) background information, (b) driving habits, (c) dietary habits, and (d) level of meal choice. The Background section of the survey asked some establishing questions to ensure the participant fits the requirements to be included in data analysis. The Driving section determined if the participant had the ability to drive. The Diet questions identified the frequency by which the participant consumed different types of fast food meals. The Autonomy section featured scale questions that measured how much the respondent felt they had control over what they ate.

The participants were chosen on a classroom-by-classroom basis to balance grade and level of academic rigor. Students from ten different classrooms provided answers to the questionnaire. Students in grades 10-12 grade were prioritized, as 9th grade students are mostly 15 years old and therefore cannot have driver's licenses. The class break-down was as follows: (a) four Advanced Placement (AP) classes, of which two were 10th grade, one 11th grade, and one a mix of 11th and 12th grade; (b) four College Preparation (CP) classes, of which one was 9th grade, one 11th grade, and two 12th grade; and (c) two Honors classes, of which one was 10th grade and the other 11th grade. All classes were 4th period as to avoid repeat respondents. Dates for the students to take the survey were organized beforehand with their respective

teachers. A researcher was present in the classrooms when the survey was taken to provide the link to the questionnaire, give a brief explanation of the project, and answer any questions the students may have had. To ensure the validity and ethical nature of this study, the study was approved by an Institutional Review Board. No participant's personal information, including identity, was gathered or exposed.

Two primary subject groups were surveyed: those with and those without driver's licenses. Those with driver's licenses must have been registered with the California DMV. Those without driver's licenses must have been the potential to obtain a driver's license and were only unlicensed due to age or lack of will. Respondents that drive regularly despite not having a license, such as those with a learner's permit, were added to the unlicensed group, as they are still reliant on the presence of a guardian for transportation.

Several criteria for exclusion were used. Those with specific dietary restrictions such as vegetarians and vegans were not included due to their unique health conditions and lifestyle. Those that had licenses but were unable to regularly drive at the time of the study due to some health condition or lack of access to a vehicle were not considered in data analysis. Although meeting the definition of a QSR, pizza restaurants were excluded from this study due to the option of ordering a meal for delivery. Because this study is investigating how food choice changes when one obtains a license, restaurants that commonly deliver were not included.

Results and Discussion

A total of 163 students participated in the study. Six respondents were removed from the sample due to their questionable validity or failure to meet the previously stated qualifications. A total of 157 students were used for the analysis. Of those, 52.2% (n=82)

reported possession of a driver's license while the remaining 47.3% (n=75) did not. Although 28 of the respondents had a learner's permit that allowed them to drive under the supervision of an adult, they were added to the non-licensed population because this study is only interested in meal choice as an expression of adolescent autonomy.

To test the major hypothesis of this study, licensed and unlicensed populations were compared. The prediction was that the licensed population would eat a greater number of QSR meals than the unlicensed population. With possession of a driver's license as the only incorporated variable, those with driver's licenses (n=82) ate an average of 2.73 QSR meals per week, while those without licenses (n=75) ate an average of 2.26 QSR meals per week. The licensed population ate fast food 20.8% more often than the unlicensed population, indicating a positive relationship between possession of a driver's license and frequency of fast food meals. The same results were found for males (licensed = 2.90/week versus unlicensed = 2.48) and females (licensed = 2.56/week versus unlicensed 2.21)

To allow for more precise comparisons, respondents were split into eight separate subgroups according to their gender, degree of economic independence, and degree of transportive independence. Economic independence is defined as having sufficient spending money to purchase meals at one's own will. Transportive independence is defined as having both a license and access to a vehicle one can drive at will. Figure 1 indicates how the eight subgroups were divided.

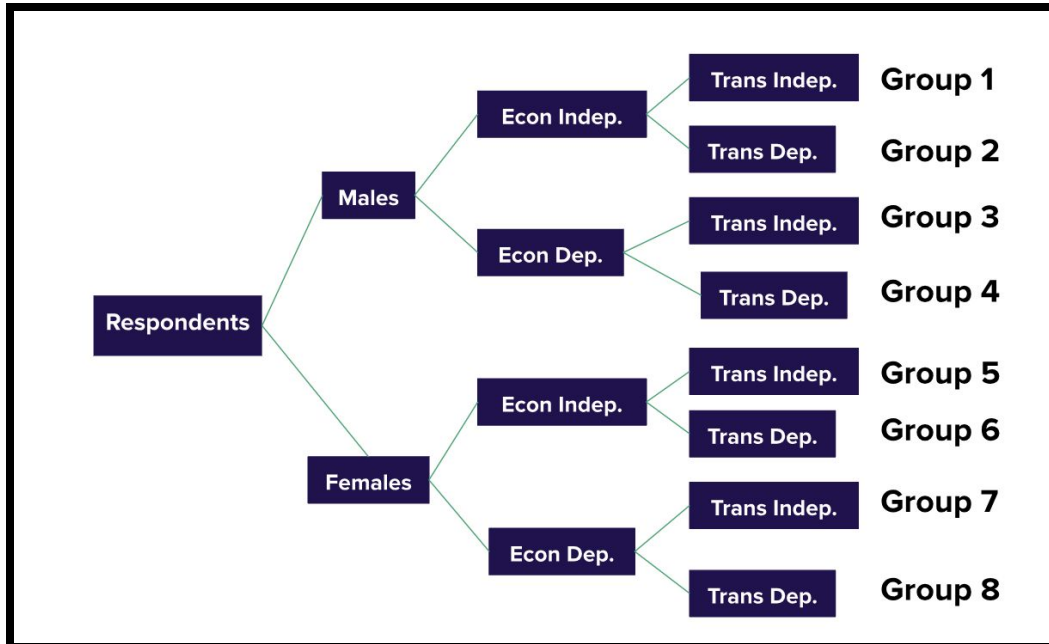


Figure 1. The breakdown of respondents to eight subgroups according to gender, economic dependence/independence and transportation dependence independence.

Four comparisons were drawn between similar subgroups, with transportive independence being the only differing variable. For example, transport independent, economically independent boys were compared to transport dependent, economically independent boys. This was done to control for other variables that could influence one's ability to buy and consume fast food. The results of the four comparisons are represented in Figure 2. Blue columns indicate subgroups that have a license whereas red indicates subgroups that do not have a license.

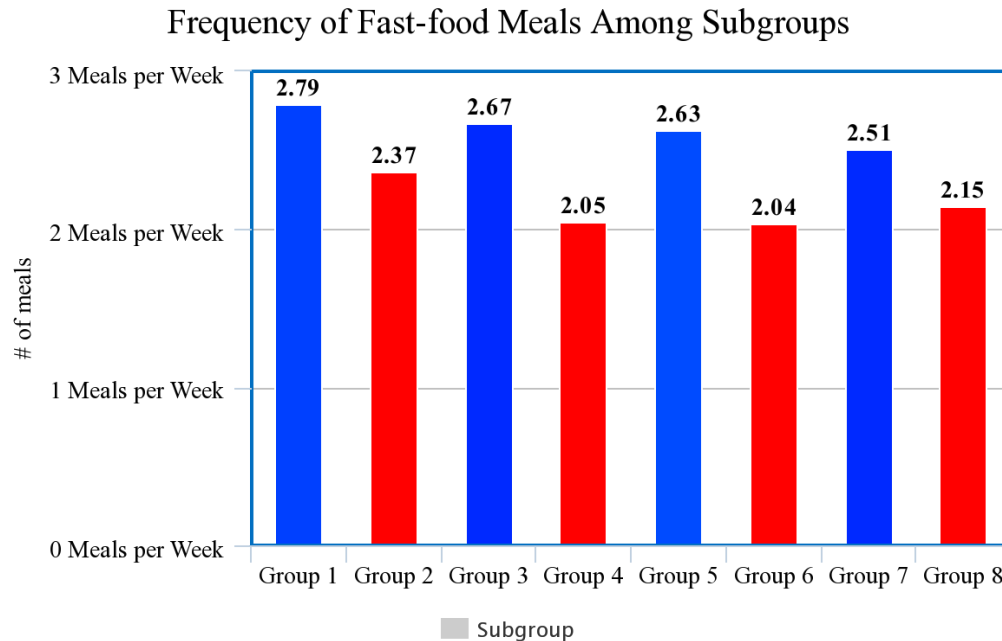


Figure 2. Comparisons of number of fast food meals eaten per week according to gender, economic dependence/independence and transportation dependence/independence.

In all four comparisons (Group 1 vs Group 2, Group 3 vs Group 4, Group 5 vs Group 6, & Group 7 vs Group 8), the licensed population ate at QSR restaurants more frequently than the unlicensed population. These data indicate that across a number of variables, there is an association between possession of a license and QSR meal frequency. This relationship refutes the null-hypothesis, as teens with the ability to drive consistently ate fast food more frequently than their unlicensed counterparts. When adolescents receive a license, they are more likely to eat at quick-service restaurants.

Of the 157 participants, 15.9% (n=25) were age 15, 33.1% (n=52) were 16, 36.3% (n=57) were 17, and (13.4%) (n=21) were 18. Comparing fast food meal frequency across age groups, 15-year olds reported an average of 0.96 QSR meals per week. In contrast, 16, 17, and 18-year-old averages are considerably larger at 2.26, 2.59, and 2.77 respectively. This trend

indicates that high-school teens consume fast food more regularly as they get older and obtain more autonomy. Of particular interest is the sudden increase in QSR meal frequency between 15 and 16-year olds. Sixteen is also the age at which teens can first receive a license, suggesting a positive relationship between possession of a driver's license and frequency of fast food meals.

Concerning gender, 44.6% (n=70) were female while 54.1% (n=85) were male. Males on average ate QSR meals more frequently than their female counterparts (2.72 per week compared to 2.38 per week). This coincides with previous studies that have found a similar sex difference, most likely explained by males' higher calorie requirements and females' diet consciousness (Lassen et al., 2016).

In considering the effect of economic independence on QSR meals, participants were asked if they possessed personal spending money to buy their own meals. The origin of the money was considered irrelevant. As long as participants had the ability to make meal purchases without the immediate oversight of their guardians, they were considered to be economically independent. Of the 157 respondents, 51.0% (n=80) were economically independent and the remaining 49.0% (n=77) were not. Looking solely at economic independence, those who had the ability to purchase their own food did not eat more QSR meals per week compared to those who were dependent on their guardians (2.52 compared to 2.49). However, among a solely licensed population, the economically independent ate fast food 21.5% more frequently than the economically dependent. This suggests that adolescents with spending money consume more fast food once they receive their license.

One scale question asked the level of control respondents felt they had over their meal choice. In order to create a meaningful comparison, respondents who reported having a neutral level of control were excluded. This left two populations: those who felt in control of their meal selection (n=61), and those that felt little to no control (n=43). Relating these groups to QSR meal frequency, the high-control population ate QSR meals 52.7% more often than the low-control population. Such a difference indicates a strong relationship between adolescent meal autonomy and QSR frequency. Interestingly, 83.6% (n=51) the high-control population also indicated that they consider fast-food to be unhealthy. This finding relates to temporal theory of self-regulation (Hall & Fung 2007); when teens are allowed to make dietary decisions, they will prioritize convenience and appetite, even when they understand doing so to be conceptually detrimental to their overall health. By extension, a license, which allows a teen more autonomy in their lifestyle, would logically would also lead to an increase in fast food consumption.

This study examined the relationship between the number of meals eaten at home and the number of meals eaten at QSRs. Respondents reported the number of at home meals they had eaten in the last week. The comparison was limited to the two extremes: group 1 with the fewest number of at home meals (less than six per week) and group 2 with the highest number of at home meals (more than 16 per week). The results showed that group 1 (n=63) ate an average of 3.25 fast food meals while group 2 (n=26) ate an average of 1.04 fast food meals. Thus, the frequency of eating fast food meals is associated with the frequency of eating at home meals. These results suggest that at home meals are being replaced by fast food meals. This is in line with a previous study that showed adolescents eat fewer at-home meals (Siega-Riz, Cavadini & Popkin, 2001). It appears that a sudden increase in freedom, such as that provided by the

acquisition of a driver's license, leads to an unhealthy diet as teens spend more time away from the homestead, and replace healthier at-home meals with less healthy fast-food meals.

Students were also questioned about their typical QSR meal. The three most popular QSR chains visited by students were In-N-Out Burger (31.2%), McDonald's (22.3%), and Chick-fil-A (19.7%). Traditional "Burger-and-Fries" restaurants were visited more than Mexican or Chicken QSRs (47.6%, 31.1%, and 21.3% respectively). Using respondents' reports of their typical fast food meals and the online menus of the various fast food chains, the typical QSR meal of adolescents in this study was calculated to have 1118 calories, 19 grams of saturated fat, and 1196 milligrams of sodium. According to dietary guidelines for adolescents provided by the United States Department of Agriculture, the calories, saturated fat, and sodium in the typical QSR meal exceed recommended meal doses, and therefore cannot be considered healthy.

Limitations and Future Directions

One potential source of error of this study is the exclusion of pizza restaurants as QSRs. Pizza restaurants, although fitting the definition of QSR, were not considered in this paper, as they allow adolescents to purchase fast food without visiting the site of the restaurant itself, making the possession of a license irrelevant. However, previous literature has found pizza restaurants to be the most popular away-from-home meal provider among adolescents. Therefore, it is possible that a large portion of respondents' QSR meals were not accounted for, especially among the unlicensed population.

This study originally included an interview to be given to respondents who marked their willingness for follow-up questioning. Using the 24-hour dietary recall method, participants would record everything they ate and drink on selected days before and after they received their

driver's licenses. This data collection strategy would allow for a detailed analysis of how one's diet changes once they can drive. However, because inclusion criteria for this interview required that participants get their license within the short period allotted for data collection, only one individual was able to participate, and the interview was dropped from the study.

Lastly, this study would have benefitted from a larger sample size. There are a multitude of factors that influence food choice which this study attempted to control for by splitting up its respondent base into subgroups. However, because of the relatively small sample size, respondents could only be sorted by gender, economic independence, and transportive groups. If more teens participated in the study, more subgroups could be formed, thereby compensating for a greater number of complicating factors, allowing more specific and meaningful comparisons.

Future studies investigating adolescent diet could look into the social aspect of food choice. Several existing studies mention the influence of friends and family on what one eats. During the adolescent years, teens are known to drift away from their parents to spend more time with peers. Ergo, a possible area of research would be how the presence of friends affects what adolescents order at restaurants, or the differences between meals eaten with parents vs meals eaten with friends.

The notion of adolescents suddenly gaining freedom, then suddenly using that freedom to make unhealthy decisions can be used in a plethora of different inquiries. With their lack of life experience, it is somewhat inevitable that adolescents will make impetuous decisions when they are given autonomy. Research into other turning points for adolescent freedom (such as turning 18) could help develop preventative strategies for risky behaviors. Additionally,

researches could look into how the parent/teenager relationship is affected by these turning points.

Conclusion

The primary goal of this study was to determine how diets and dietary choices change in adolescents once they receive a driver's license. Results demonstrated a broad positive relationship between possession of a driver's license and frequency of quick service restaurant meals among a population of suburban, middle-class high-school age adolescents. Teens having a driver's license ate fast-food meals at a greater rate than teens without a driver's license, both for the overall sample and for numerous subgroups. There were no groups where those not having a license ate fast food at a greater frequency than those with a license. The results suggest that when adolescents receive a driver's license, they experience an increase in meal choice autonomy. They spend more time away from the home and consume more fast food than they had while dependent on their guardians for meals. In addition, respondent-reported QSR meals were overabundant in calories, saturated fats, and sodium, aligning with previous literature that has found a diet high in fast food to be detrimental to an adolescent's long and short-term health.

It is generally understood that a driver's license grants a teen more freedom, however the full lifestyle implications of such a change are rarely considered. While parents often warn their teens against driving late at night or texting behind the wheel, seldom do they worry about their teen eating too much Wendy's. Indeed, the ability to drive, especially among adolescents, should be considered a risk behavior for the development of unhealthy eating habits and should be treated as such. Teens should be educated on the overlooked, hazardous ramifications of a driver's license, as well as the responsibility that comes with a sudden increase in mobility.

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Appendix A

Fast Food Survey

In the following questionnaire, you will be asked questions pertaining to yourself, transportation and fast food. Fast-food restaurants are defined as restaurants that provide quick, cheap meals that can either be eaten in the restaurant or taken out, often with a drive-thru. Know that this questionnaire is anonymous, and please answer the questions honestly.

Background Questions

How old are you? (years)

15

16

17

18

Other

I am a...

Male

Female

Prefer not to say

What is your main source of income?

I earn a salary at a job

My parents give me an allowance

I do not receive any money of my own

Other

Do you have any physical or health-related condition that prevents you from driving?

Yes

No

If you answered Yes to the previous question, please explain.

Driving Questions

Do you have a California Driver's License?

Yes

No

No, but I have a Learner's Permit

Do you drive regularly?

Yes

No

What mode of transportation do you usually use to get to a fast-food restaurant?

Self-driven

Driven by a family member

Driven by a friend

Walking

Riding a bike

Other

Do you have access to an automobile you can use to drive to a fast-food restaurant at will? (ex: your car, a family member's car, etc.)

Yes

No

I do not drive

Diet Questions

Do you have any of the following dietary restrictions? (Mark all that apply)

Vegetarian

Vegan

Lactose Intolerant

Pescatarian

I have no dietary restrictions

Other

How many times have you eaten something from a traditional “burger-and-fries” fast-food restaurant (such as McDonald’s, Burger King, Wendy’s, or Culvers) within the past 7 days?

1

2

3

4

5

6

7

8

Other

How many times have you eaten something from a Mexican fast food restaurant (such as Taco Bell, Baja Fresh, or Chipotle) within the past 7 days?

1

2

3

4

5

6

7

8

Other

How many times have you eaten something from a fried chicken restaurant (such as KFC or Chick-fil-A) within the past 7 days?

1

2

3

4

5

6

7

8

Other

How many home-made meals have you eaten in the past 7 days?

0

1-3

4-6

7-9

10-12

13-15

16-18

19-21

Other

What fast food restaurant do you visit most often?

Chick-fil-A

The Habit Burger Grill

In-N-Out Burger

McDonald's

Carl's Jr.

Taco Bell

Burger King

Wendy's

Chipotle

KFC

Baja Fresh

Other

What do you order to eat and drink most often at this restaurant? Please be specific and include sides, topping,etc.

Who do you most often eat your fast food meals with?

I eat alone

My family

My friends

Other

Diet Scales

Answer the following questions pertaining to your eating habits. Use the scales to rate how much you agree with the following statements. 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

I decide what I eat for breakfast

I decide what I eat for lunch

I decide what I eat for dinner/supper

I think it is important to eat healthy foods like fruits and vegetables daily

My family encourages me to eat healthy foods

I consider fast food to be unhealthy

My family tries to limit how much fast-food I eat

Follow-Up Interview Questions

Do you plan on receiving your Driver's License within the next two months?

Yes

No

I already have my Driver's License

If you answered Yes or Maybe to the previous question, would you be interested in participating in follow-up interviews regarding your diet? If so, please leave an Email address you check regularly.