

UNIVERSAL HEALTH
SERVICES, INC.

OUR IMPACT IN

2025

BY THE NUMBERS



BEHAVIORAL
HEALTH DIVISION



With over 40 years of experience in the behavioral health industry, Universal Health Services, Inc. (UHS) has, through its subsidiaries and dedicated staff, been focused on delivering evidence-based treatment models that provide high-quality care to individuals with dignity and compassion.

Our teams, across more than 340 inpatient facilities in the United States, Puerto Rico and the United Kingdom, provide services with purpose and intent, striving to offer meaningful and comprehensive solutions to the communities we serve.

Driven by a commitment to continuous, measurable improvement, we continue to monitor progress against our goals through clinical ratings and patient self-report symptom scales.

This report provides an overview of the aggregated clinical and quality outcomes for our U.S. Behavioral Health Division in 2025.

Please visit cygnetgroup.com to learn more about UHS' subsidiary in the United Kingdom.

Our Impact In 2025 – By The Numbers*

Quality patient care is the cornerstone of the UHS Mission Statement.

To provide superior quality healthcare services that:

Patients recommend to family and friends,
Physicians prefer for their patients,
Purchasers select for their clients,
Employees are proud of, and
Investors seek for long-term returns.

Quality is embedded in the core principles of the organization as well.

Continuous Improvement in Measurable Ways

- Identify key needs and assess how well we meet those needs.
- Continuously improve services and measure progress.
- People at all levels of the organization participate in decision making and process improvement.

Compassion

- Never lose sight of the fact that we provide care and comfort to people in need.
- Patients and families who rely upon us receive respectful and dignified treatment at all times.

A Message from Karen Johnson



Karen E. Johnson, MSW
 Senior Vice President,
 Chief Clinical Officer,
 Behavioral Health Division,
 Universal Health Services

We are pleased to present the 2025 By The Numbers report, highlighting the clinical and quality outcome achievements of our U.S. Behavioral Health Division. This report reinforces UHS' mission to deliver superior quality healthcare services but also offers an opportunity to recognize and celebrate our valued team members. Their dedication and tireless support for patients, families and referral partners are collectively reflected in these strong outcomes.

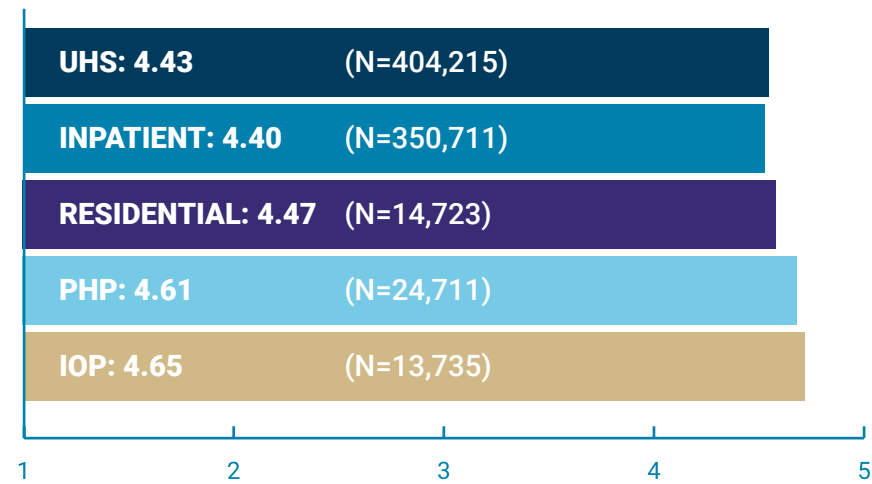
We extend our deepest gratitude to every facility and program team member for their unwavering focus on service excellence, delivering care in a trauma-informed environment and relentless pursuit of developing healthier, more resilient individuals and communities. It is an honor to work alongside each of you in achieving and sustaining these outstanding results.

* U.S. DATA ONLY - All clinical outcomes and patient satisfaction data are limited to patients discharged during 2025. It is possible that the same individual was treated on more than one occasion and/or in more than one treatment setting.

PATIENT EXPERIENCE

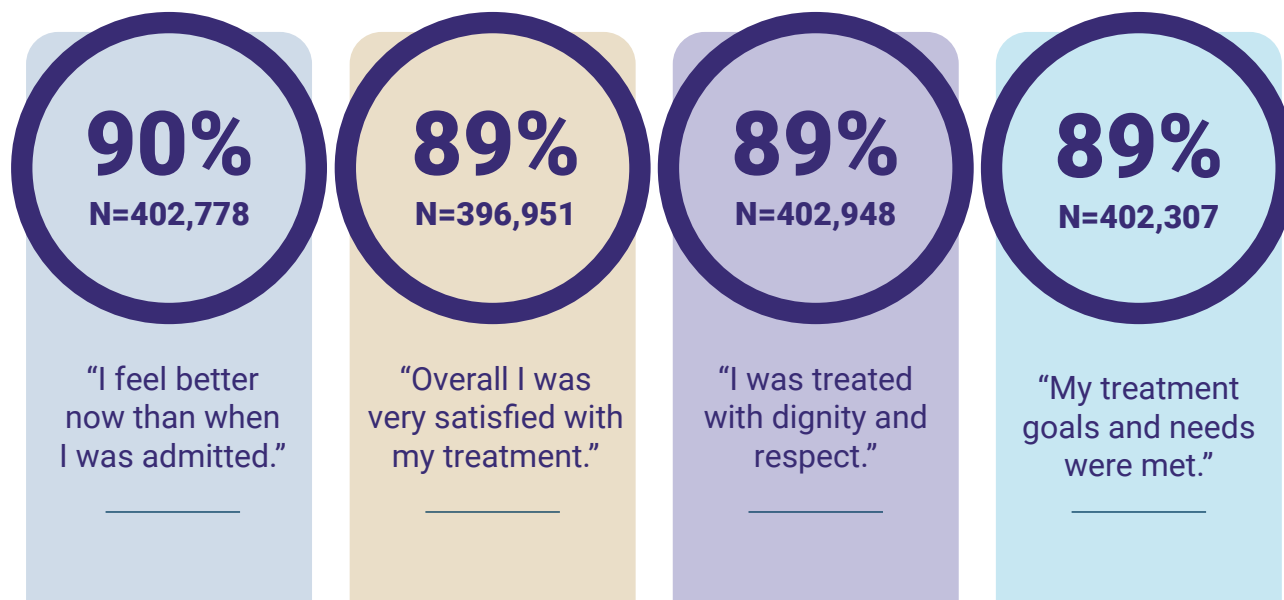
Patient satisfaction is critical to patient-centered care and an important indicator of provider success. Research suggests that higher patient satisfaction is associated with improved treatment outcomes. Communicating patient satisfaction results to patients and families contemplating treatment options and to payers contemplating coverage decisions is vital to providing confidence in our services.

The UHS Behavioral Health Division is committed to continually improving patient experience and satisfaction. In 2025, UHS collected patient satisfaction surveys for **66%** of discharges. This feedback allows UHS to celebrate successes as well as identify areas for improvement.



Selected Patient Satisfaction Item Scores

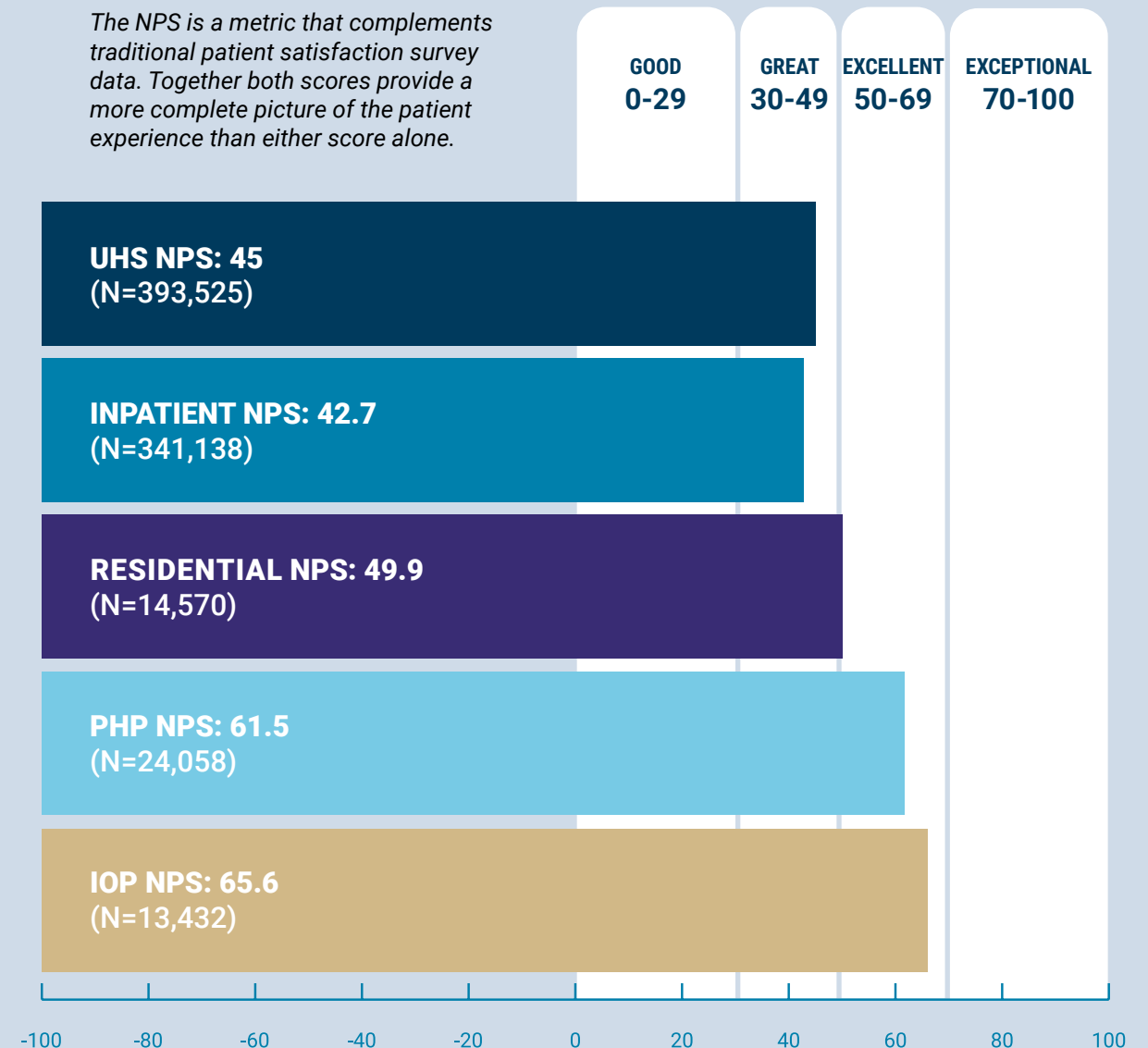
Percentage of respondents who indicated "Agree" or "Strongly Agree"



The Net Promoter Score (NPS) is a measure to gauge the loyalty of customers or consumers—in the healthcare field, our patients. It has been widely adopted with more than two-thirds of Fortune 1000 companies using the metric to date. The NPS supports UHS' ability to directly compare our patients' perceptions against benchmarks and share with professional audiences including referral sources, partners and payers.

NPS is reported as a single number. A score can be as low as -100 (every respondent is a "detractor") or as high as +100 (every respondent is a "promoter.") An NPS between 0 and +29 is generally deemed good, an NPS between +30 and +49 is generally deemed great, an NPS between +50 and +69 is generally deemed excellent and an NPS of 70-100 is considered exceptional.

The NPS is a metric that complements traditional patient satisfaction survey data. Together both scores provide a more complete picture of the patient experience than either score alone.

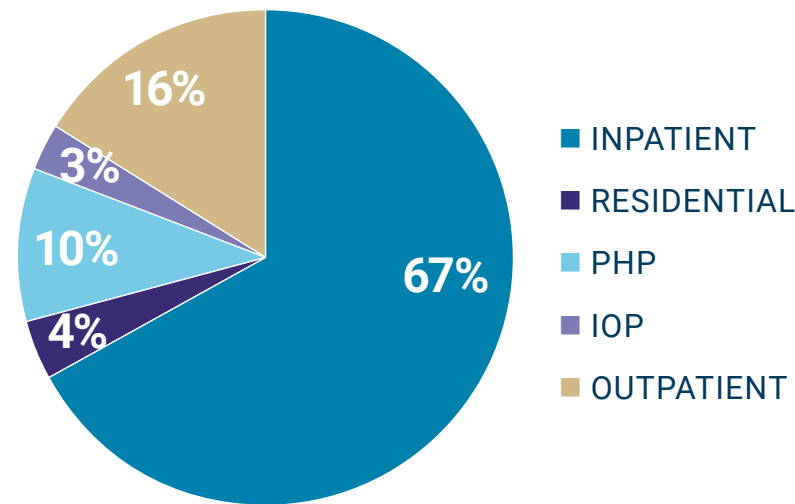


Net Promoter, NPS and the NPS-related emoticons are registered U.S. trademarks, and Net Promoter Score and Net Promoter System are service marks of Bain & Company, Inc., Satmetrix Systems, Inc. and Fred Reichheld.

CHILD POPULATION AT A GLANCE

7% of care episodes in 2025 were for patients aged 12 and under

"I find it meaningful to have the time and space to connect with patients, allowing me to be present, to truly listen, and to support each child with care and intention."
 – Cesar, Medical Director



10 years
Average Age

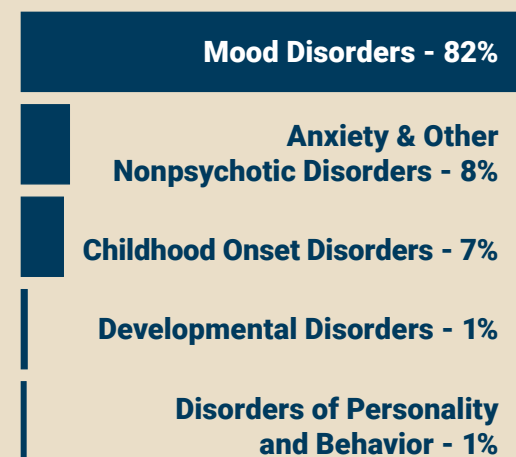
52/48%
Female/Male

60/25/1/14%
White/Black/Other/UTD

10%
Hispanic Ethnicity

Mood disorders are the most common primary diagnosis for child patients at **82%**, however most have multiple additional psychiatric or medical diagnoses.

Most Frequent Primary Diagnoses



Diagnostic Complexity

- **88%** had more than one psychiatric diagnosis
- **54%** had a suicidal ideation diagnosis
- **21%** had two or more medical comorbidities
- **11%** had an autism spectrum disorder diagnosis

Discharge Details

Average length of stay in days

- Acute: **10**
- Residential: **150**

97% of acute inpatients discharged to home

Due to rounding, percentages in graphs may not sum to 100%. Percentages are based on all data available for each metric. The number of patients included varies by metric.

CHILD OUTCOMES

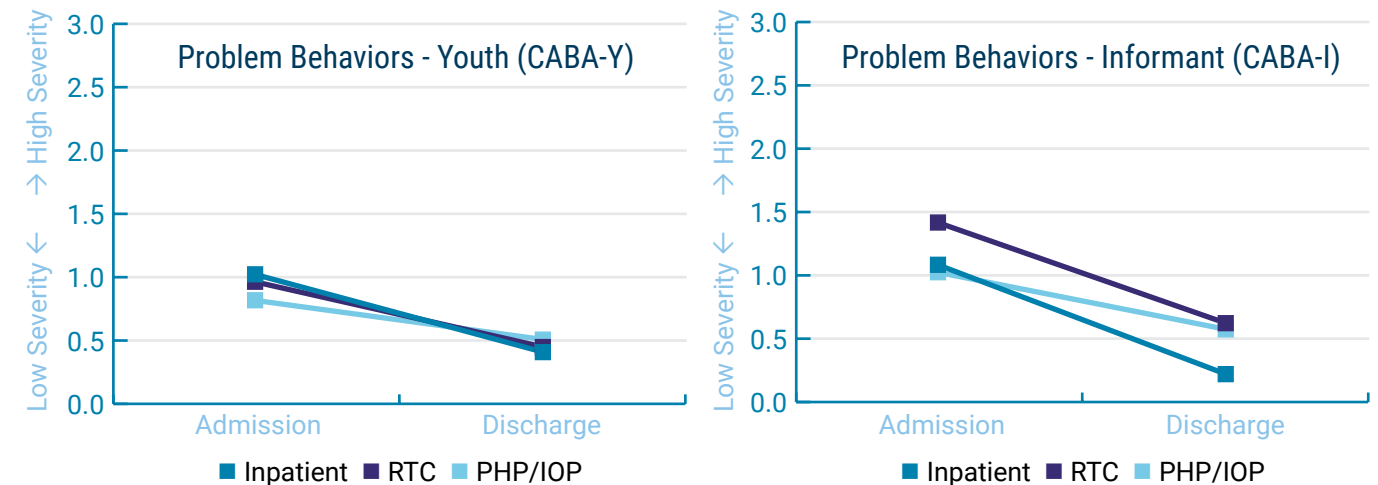
IMPROVEMENT

Over **67%** of child discharges had at least one clinical outcome assessment completed at both admission and discharge.

Statistically Meaningful Improvement	Clinical Assessment	% of Patients Improved		
		Inpatient % (of N)	Residential % (of N)	PHP/IOP % (of N)
85% of 26,349 patients with a change score improved on at least 1 clinical assessment	Problem Behaviors – Youth Rating (CABA-Y)	82% (9,683)	74% (852)	70% (1,267)
	Problem Behaviors – Informant Rating (CABA-I)	92% (5,458)	83% (614)	74% (669)
	Clinician Rating (BPRS-C-9)	89% (3,698)	78% (200)	–

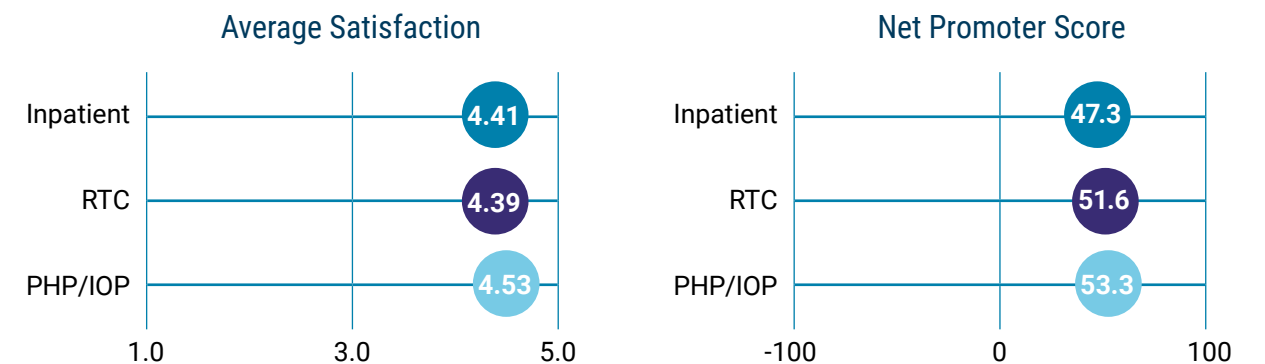
SYMPTOM SEVERITY

The primary self-rated or informant-rated clinical outcomes assessments for children focus on behavioral problems.



SATISFACTION

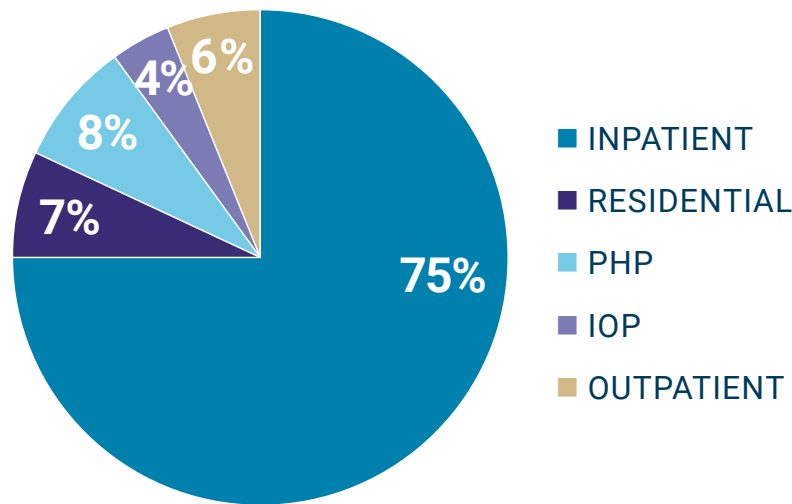
The child return rate for patient satisfaction surveys at discharge was **66%**.



ADOLESCENT POPULATION AT A GLANCE

20% of care episodes in 2025 were for patients aged 13 to 17

"I got into this field to help people get through their hard times, maybe teach them something new and give them new coping mechanisms."
 – Cheyanne, Mental Health Technician



15 years
Average Age

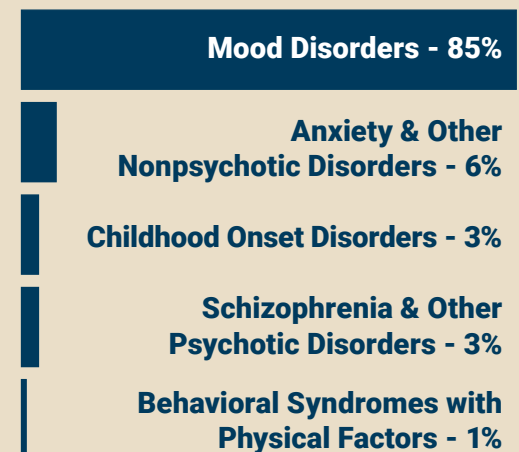
63/37%
Female/Male

62/23/2/13%
White/Black/Other/UTD

14%
Hispanic Ethnicity

Mood disorders are the most common primary diagnosis for adolescent patients at **85%**, however most have multiple additional psychiatric or medical diagnoses.

Most Frequent Primary Diagnoses



Diagnostic Complexity

- **89%** had more than one psychiatric diagnosis
- **63%** had a suicidal ideation diagnosis
- **28%** had two or more medical comorbidities
- **20%** had a substance use related diagnosis

Discharge Details

Average length of stay in days

- Acute: **9**
- Residential: **131**

96% of acute inpatients discharged to home

Due to rounding, percentages in graphs may not sum to 100%. Percentages are based on all data available for each metric. The number of patients included varies by metric.

ADOLESCENT OUTCOMES

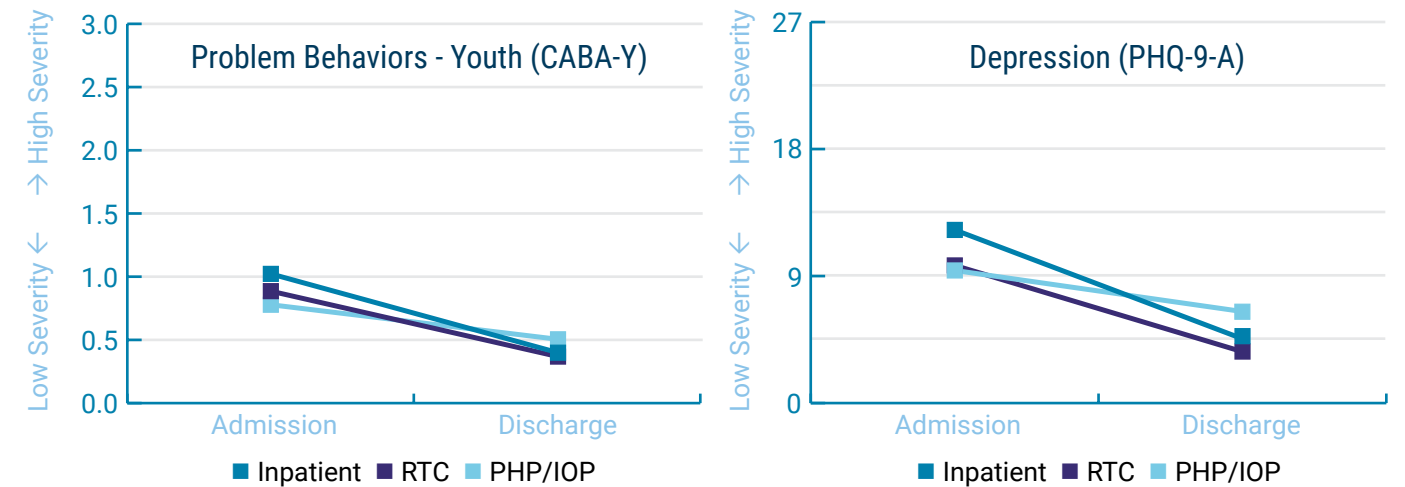
IMPROVEMENT

Approximately **69%** of adolescent discharges had at least one clinical outcome assessment completed at both admission and discharge.

Statistically Meaningful Improvement	Clinical Assessment	% of Patients Improved		
		Inpatient % (of N)	Residential % (of N)	PHP/IOP % (of N)
84% of 78,245 patients with a change score improved on at least 1 clinical assessment	Problem Behaviors – Youth Rating (CABA-Y)	83% (34,844)	78% (4,286)	66% (3,841)
	Problem Behaviors – Informant Rating (CABA-I)	94% (6,724)	83% (2,305)	63% (656)
	Depression (PHQ-9-A)	81% (14,354)	78% (1,516)	61% (1,502)

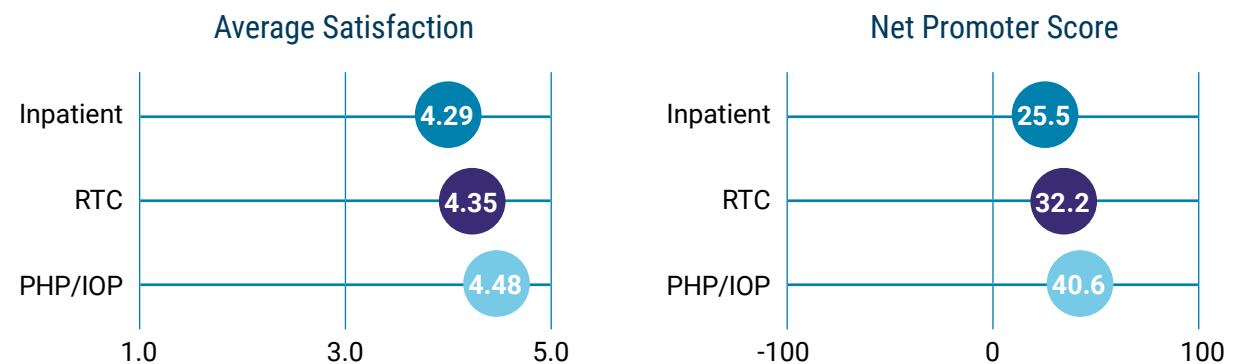
SYMPTOM SEVERITY

The primary self-reported clinical outcomes assessments for adolescents focus on behavioral problems and depression.



SATISFACTION

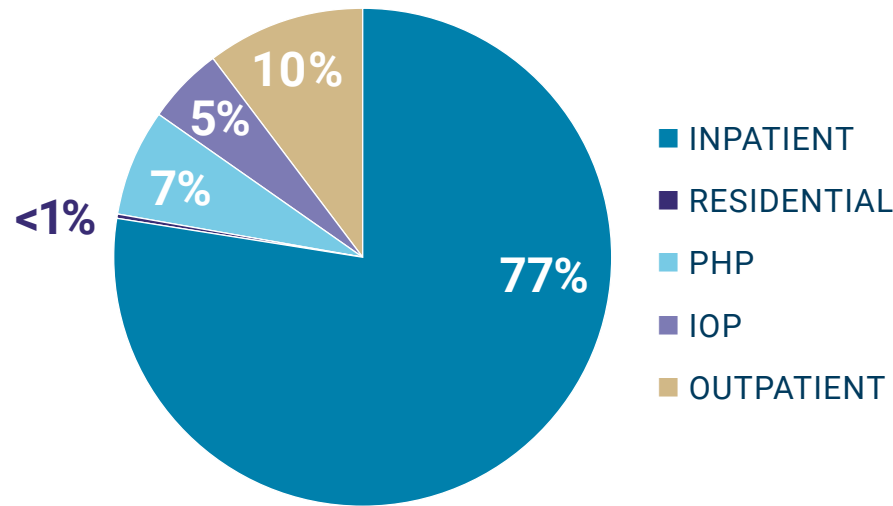
The adolescent return rate for patient satisfaction surveys at discharge was **73%**.



ADULT POPULATION AT A GLANCE

57% of care episodes in 2025 were for patients aged 18 to 64

"Knowing that I make a positive difference in people's lives is fulfilling – patients come in and know we really care about them."
– Michelle, Clinical Program Specialist



37 years
Average Age

48/52%
Female/Male

62/23/2/13%
White/Black/Other/UTD

11%
Hispanic Ethnicity

Mood disorders and schizophrenia/other psychotic disorders are the most common primary mental health diagnoses for adult patients at **55%** and **30%**, respectively, however most have multiple additional psychiatric or medical diagnoses.

Most Frequent Primary Diagnoses



Diagnostic Complexity

- **84%** had more than one psychiatric diagnoses
- **53%** had a suicidal ideation diagnosis
- **49%** had two or more medical comorbidities
- **43%** had both mental health and substance use disorder diagnoses

Discharge Details

Average length of stay in days

- Acute: **9**
- Residential: **42**

93% of acute inpatients discharged to home

Due to rounding, percentages in graphs may not sum to 100%. Percentages are based on all data available for each metric. The number of patients included varies by metric.

ADULT OUTCOMES

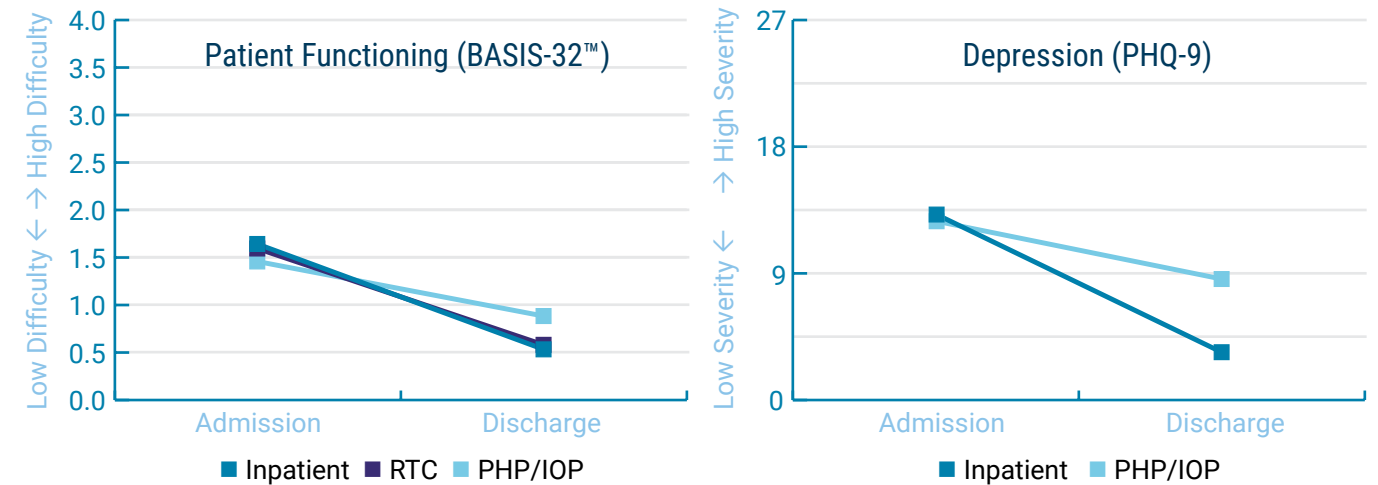
IMPROVEMENT

Approximately **61%** of adult discharges had at least one clinical outcome assessment completed at both admission and discharge.

Statistically Meaningful Improvement	Clinical Assessment	% of Patients Improved		
		Inpatient % (of N)	Residential % (of N)	PHP/IOP % (of N)
84% of 187,259 patients with a change score improved on at least 1 clinical assessment	Patient Functioning (BASIS-32™)	85% (98,624)	86% (460)	73% (7,413)
	Depression (PHQ-9)	86% (68,072)	–	61% (7,184)
	Psychiatric Symptoms (BPRS)	83% (4,516)	–	–

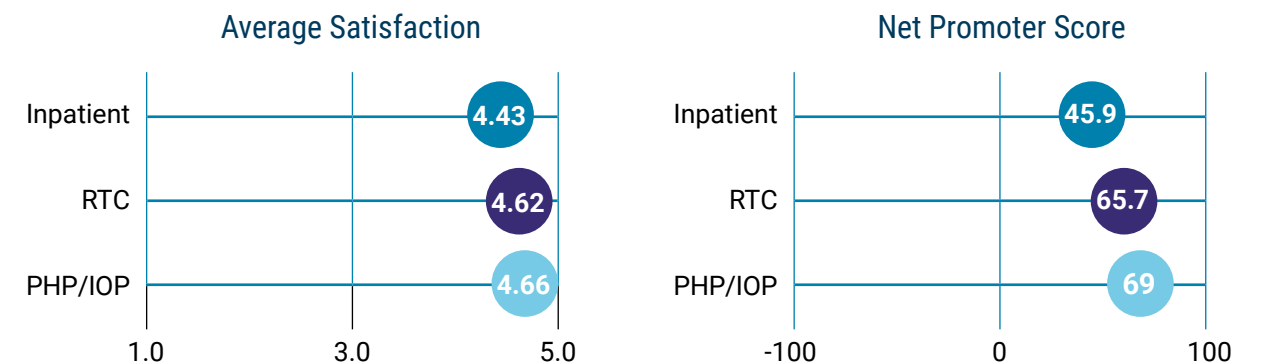
SYMPTOM SEVERITY

The primary self-reported clinical outcomes assessments for adults focus on patient functioning and depression.



SATISFACTION

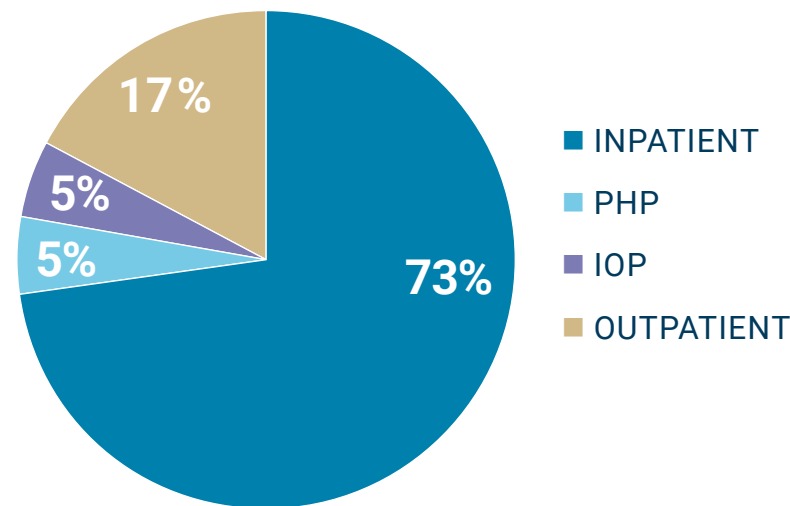
The adult return rate for patient satisfaction surveys at discharge was **65%**.



OLDER ADULT POPULATION AT A GLANCE

4% of care episodes in 2025 were for patients aged 65 and over

"My 'why' is to bridge the gap between those struggling and the resources they need. I'm committed to ensuring timely access to support that can empower individuals toward long-term stability."
 – Kabrina, Account Manager/Community Liaison



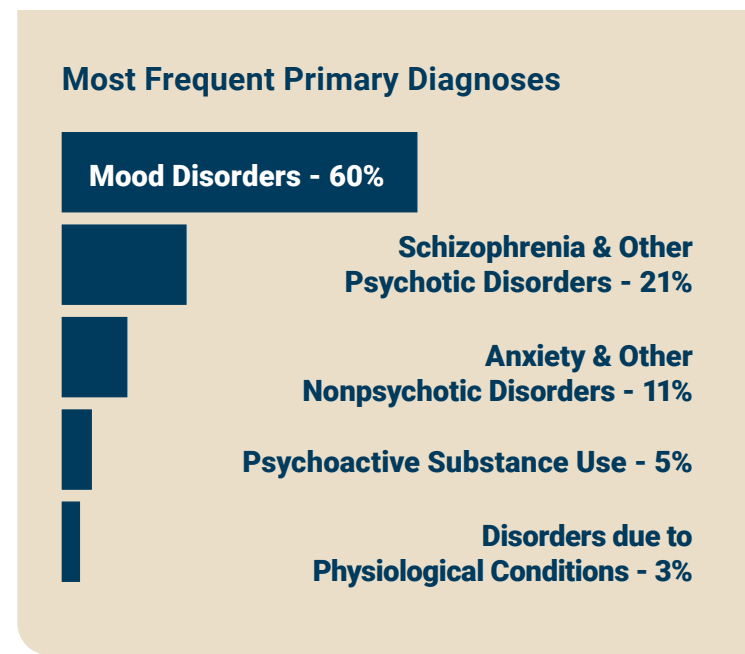
71 years
Average Age

54/46%
Female/Male

70/19/1/10%
White/Black/Other/UTD

9%
Hispanic Ethnicity

Mood disorders are the most common primary diagnosis for older adults at **60%**, however most have multiple additional psychiatric or medical diagnoses.



- ### Diagnostic Complexity
- **78%** had more than one psychiatric diagnoses
 - **45%** had a suicidal ideation diagnosis
 - **70%** had two or more medical comorbidities
 - **27%** had both mental health and substance use disorder diagnoses

Discharge Details

Average length of stay in days: **11**

85% of acute inpatients discharged to home

Due to rounding, percentages in graphs may not sum to 100%. Percentages are based on all data available for each metric. The number of patients included varies by metric.

OLDER ADULT OUTCOMES

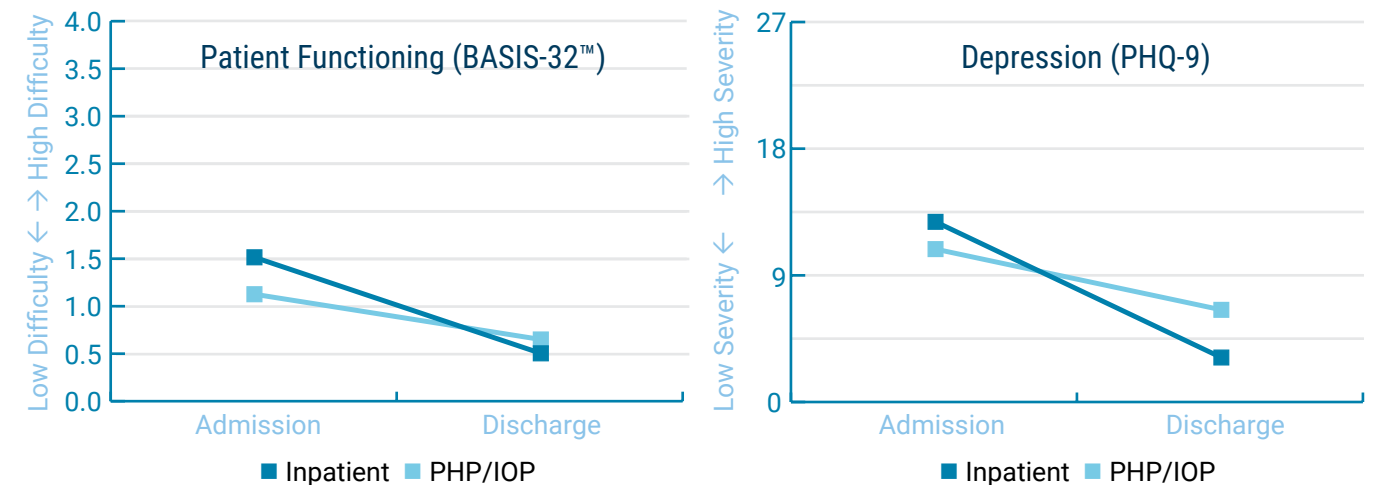
IMPROVEMENT

Approximately **54%** of older adult discharges had at least one clinical outcome assessment completed at both admission and discharge.

Statistically Meaningful Improvement	Clinical Assessment	% of Patients Improved	
		Inpatient % (of N)	PHP/IOP % (of N)
85% of 11,743 patients with a change score improved on at least 1 clinical assessment	Patient Functioning (BASIS-32™)	84% (4,171)	71% (459)
	Depression (PHQ-9)	87% (5,581)	63% (446)
	Patient Behavioral Problems (PDRS)	88% (922)	–

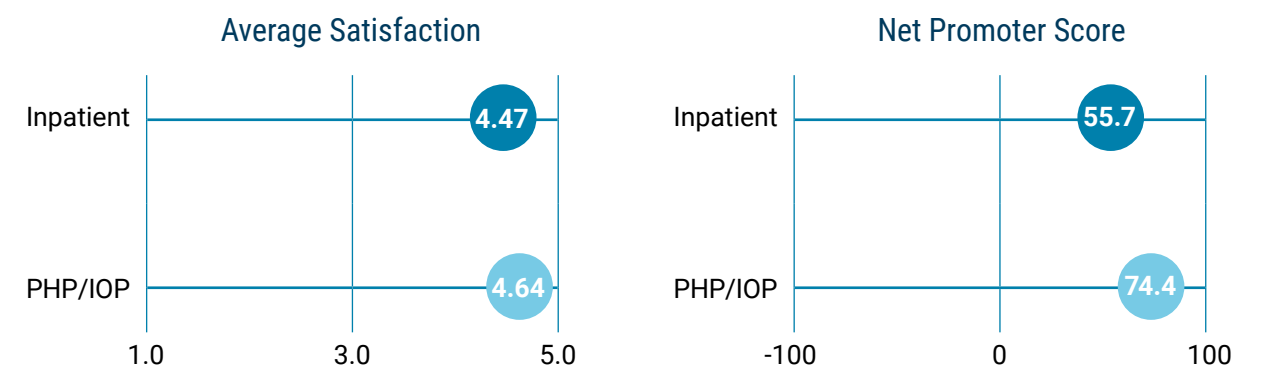
SYMPTOM SEVERITY

The primary self-reported clinical outcomes assessments for older adults focus on patient functioning and depression.



SATISFACTION

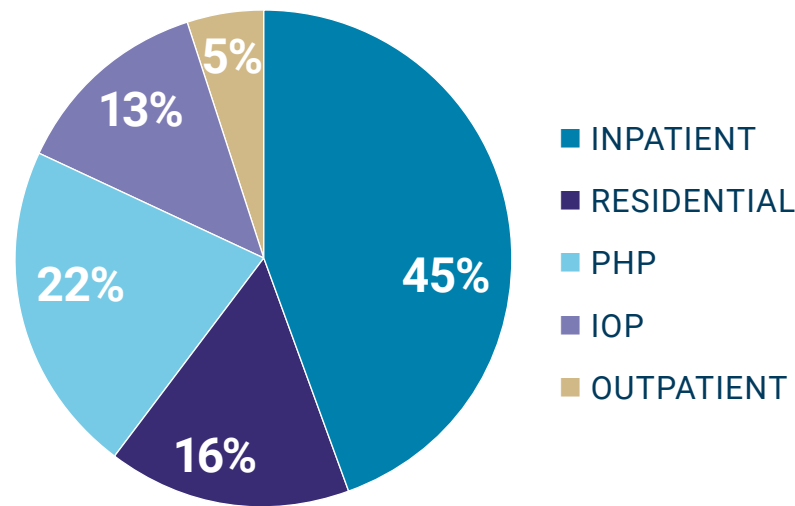
The older adult return rate for patient satisfaction surveys at discharge was **57%**.



SUBSTANCE USE DISORDER POPULATION AT A GLANCE

11% of care episodes in 2025 were for adults with substance use disorders

"It's not just about getting sober; it's about helping the client redirect themselves, realize their self-worth, and giving them hope."
 – Justin, Mental Health Technician



44 years
Average Age

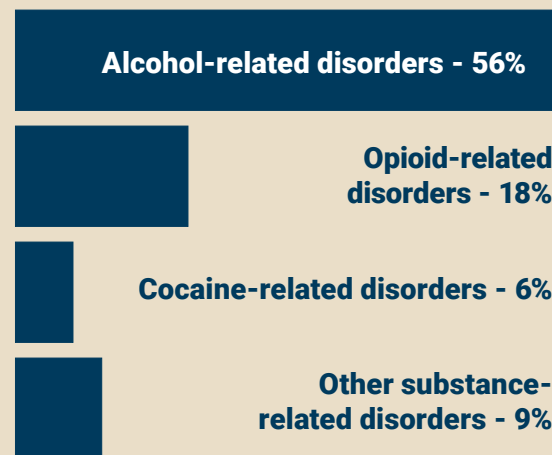
33/67%
Female/Male

68/22/3/8%
White/Black/Other/UTD

10%
Hispanic Ethnicity

For substance use disorder patients, **56%** have a primary diagnosis for alcohol use and **18%** have a primary opioid related disorder, however most have multiple additional psychiatric or medical diagnoses.

Most Frequent Primary Diagnoses by Substance



Diagnostic Complexity

- 72% had more than one psychiatric diagnoses
- 57% had a mental health diagnosis in addition to their substance use disorder
- 9% had a suicidal ideation diagnosis
- 37% had two or more medical comorbidities

Discharge Details

- Average length of stay in days
- Acute: 7
 - Residential: 14

79% of acute inpatients discharged to home

Due to rounding, percentages in graphs may not sum to 100%. Percentages are based on all data available for each metric. The number of patients included varies by metric.

SUBSTANCE USE DISORDER OUTCOMES

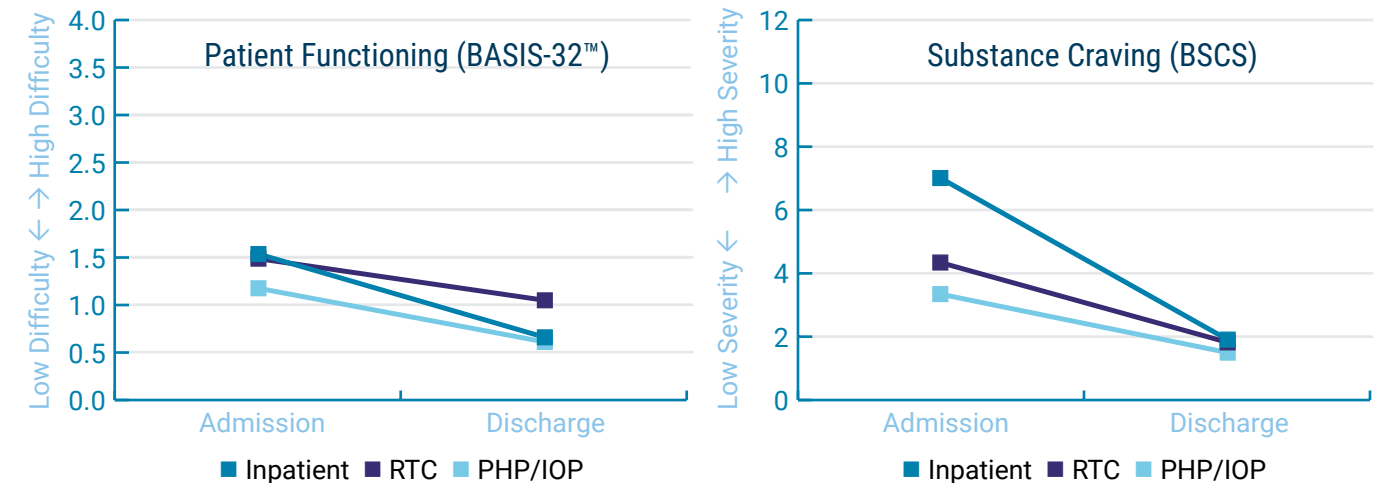
IMPROVEMENT

Over 52% of substance use treatment discharges had at least one clinical outcome assessment completed at both admission and discharge.

Statistically Meaningful Improvement	Clinical Assessment	% of Patients Improved		
		Inpatient % (of N)	Residential % (of N)	PHP/IOP % (of N)
76% of 32,120 patients with a change score improved on at least 1 clinical assessment	Patient Functioning (BASIS-32™)	80% (8,899)	57% (2,478)	69% (4,743)
	Substance Craving (BSCS)	91% (4,017)	71% (205)	71% (511)
	Depression (PHQ-9)	75% (7,575)	63% (985)	79% (2,904)

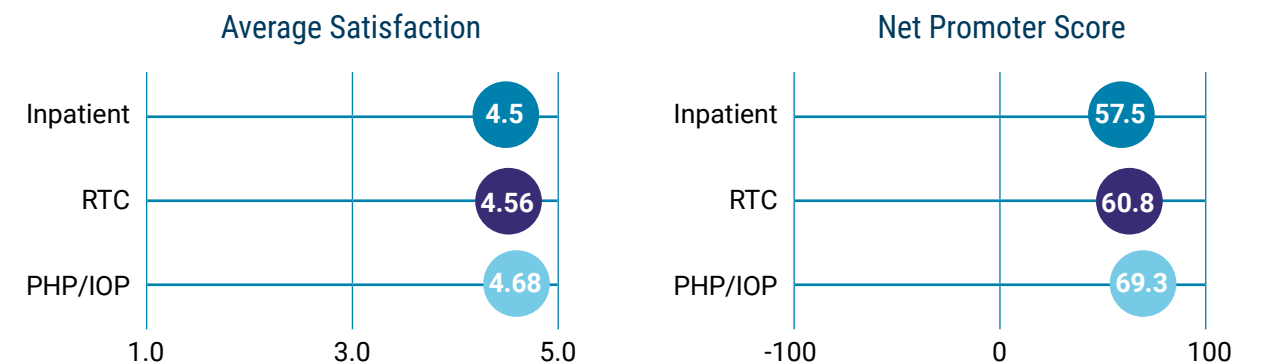
SYMPTOM SEVERITY

The primary self-reported clinical outcomes assessments for adults with substance use disorders focus on patient functioning and substance craving.



SATISFACTION

The adult substance use disorder return rate for patient satisfaction surveys at discharge was 61%.



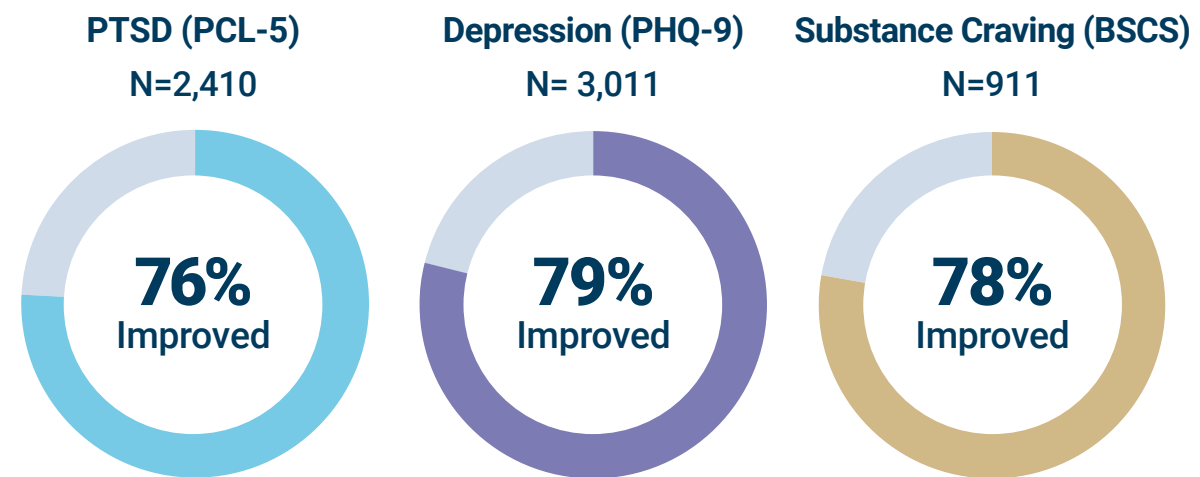
SERVING THOSE WHO SERVE

UHS, through its subsidiaries, operates a number of military-specific inpatient programs that treat active-duty military personnel and veterans. Outcomes data provide a glimpse into this unique population's mental health needs and how well those needs are being met.



Patriot Support Programs Self-Reported Symptom Improvement

75% of the 5,742 patients discharged from acute and residential UHS Patriot Support Programs across 20 facilities had paired admission and discharge clinical outcomes assessments. For these patients, 85% improved on at least one patient-rated symptom assessment.



Patients are Satisfied

Approximately 80% of these inpatients completed patient satisfaction surveys at discharge, and they rated the Patriot Support Programs highly in terms of both average satisfaction and likelihood to recommend the program.

Average Satisfaction

4.51

N=4,641

Scale of 1 to 5

Net Promoter Score

55.5

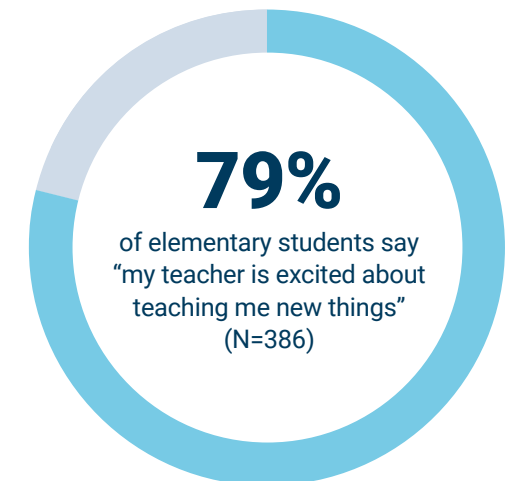
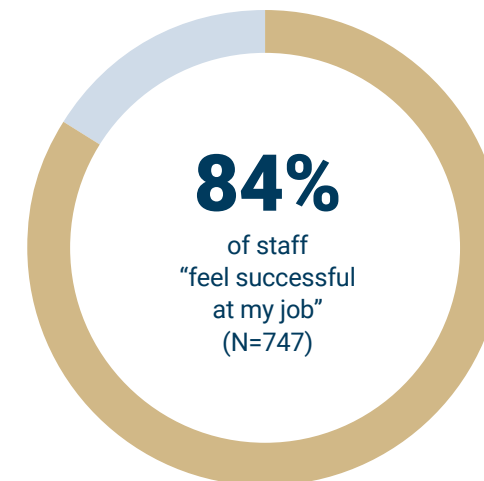
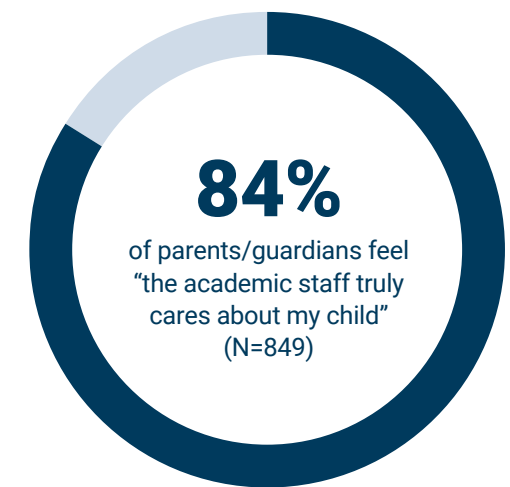
N=4,555

Scale of -100 to 100

Data presented include discharges for active-duty personnel or veterans from designated Patriot Support Programs. It does not include dependents or service members at non-Patriot Support designated programs.

EDUCATIONAL SERVICES

We are proud that our creative and innovative educators assisted 171 students with completing their high school requirements. By providing personalized lessons utilizing a combination of classroom instruction, online platforms and community-based instruction, student achievement reached new heights. Parents/guardians, staff and students reported satisfaction with UHS educational services.

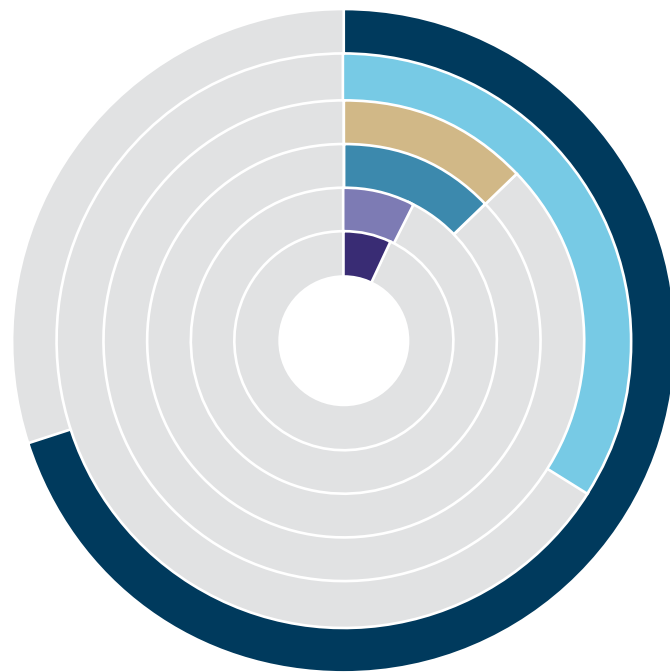


THE INCIDENCE OF INTERPERSONAL TRAUMA

UHS recognizes the impact of a patient's current and past life experiences and has strengthened its commitment to trauma-informed care. This includes, but is not limited to, required training for clinical and non-clinical staff and creating trauma-informed environments across our facilities. To support our efforts, diagnostic patterns were examined to assess the prevalence of trauma among our inpatient population.

In total, **28% of inpatients had a diagnosed history of trauma.** Among these trauma-exposed patients, multiple forms of interpersonal trauma are common: 40% had more than one type of diagnosed interpersonal trauma.

Among inpatients with a documented diagnosis of interpersonal trauma, nearly 70% experienced sexual and/or physical abuse as a child, while about one-third had a history of childhood psychological abuse. These findings go beyond simply screening for and identifying trauma prevalence; they highlight the continued need for targeted interventions and the importance of implementing trauma-informed care strategies.



Physical & Sexual Abuse in Childhood **69%**

Psychological Abuse in Childhood **34%**

Physical & Sexual Abuse in Adulthood **13%**

Neglect in Childhood **13%**

Parent and Biological Child Conflict **8%**

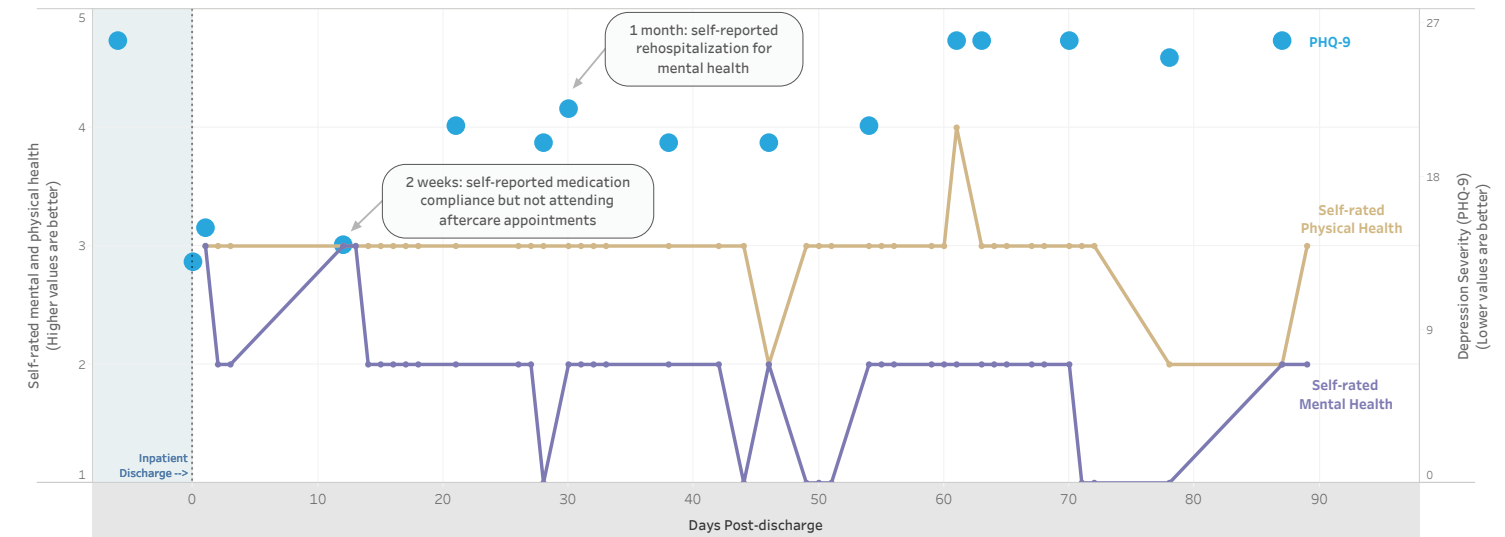
Psychological Abuse in Adulthood **7%**

Analyses show certain groups of UHS inpatients are particularly impacted at higher rates, namely those of American Indian or Alaskan Native descent, females and those diagnosed with personality disorders or child onset disorders. For these groups, the prevalence of trauma was **at least 1 in 3.**

One consequence of interpersonal trauma is Post-Traumatic Stress Disorder (PTSD). Approximately 30% of patients with a history of interpersonal trauma also had a formal PTSD diagnosis, clearly illustrating the significant and lasting effect trauma can have on individuals.

APP-BASED POST-DISCHARGE SURVEYS

The Reflections Behavioral Health Companion app helps patients stay engaged after discharge while providing valuable insights to a variety of stakeholders. Patients have contributed thousands of responses, creating a foundation to understand recovery after discharge. Early findings are shared through case studies, illustrating common patterns by combining daily check-ins, clinical assessments and treatment data for a comprehensive view of patient progress.



Case Study: ~30 year old female with an inpatient stay for depression. Immediately following discharge, she reports good or fair mental health with moderate depression symptoms on the PHQ-9.

By three weeks post-discharge, she reports that her mental health has worsened, that she has moderately severe depression and is not attending aftercare. By one month, she is re-hospitalized due to mental health issues.

WHY THE APP?

For Patients:

- Helps build self-awareness and promotes engagement in recovery
- Provides the ability to monitor mental health trends over time
- Helps with early alerts when symptoms begin to change
- Offers cues for medication and aftercare

For Providers:

- Helps identify patients likely to maintain progress or those needing additional support
- Allows patients' self-reported data to predict patterns linked to readmission
- Supplies evidence to reinforce importance of post-discharge plans with patients

PARTNERING WITH COMMUNITY PROFESSIONALS

UHS values our relationships with the professionals in the communities we serve, and we strive to be responsive to their needs. We conduct referral source satisfaction surveys to help us continually improve as we aim to reach even higher goals.

Referral Source Satisfaction Survey

9,904 Referral Source Satisfaction surveys were collected for 165 UHS facilities from a variety of referral organizations

4.3

average score on UHS Referral Source Satisfaction surveys

Scale of 1 to 5

85%

of survey respondents indicated a UHS facility was their "provider of choice"

On a scale of 1 to 5, UHS facilities earned high marks across a number of metrics:

Quality of Patient Care

4.4



Helpfulness of Staff

4.4



Care Coordination Overall

4.3



Ease of Admission Process

4.3



Timeliness of Being Informed of the Disposition of Your Referral

4.2



The number of respondents varies by metric.

PERFORMANCE BENCHMARKS

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program was developed by the Centers for Medicare and Medicaid Services (CMS) as mandated by the Social Security and Affordable Care Acts. To meet program requirements, Inpatient Psychiatric Facilities (IPFs) collect and annually submit aggregate data as defined by CMS. CMS describes the program as giving "consumers care quality information to help them make more informed decisions about their healthcare options." CMS publicly reports these facility rates for approximately 1,450 IPFs annually.

UHS Behavioral Health Outperforms Industry Benchmarks

When considering the publicly reported chart-abstracted discharge measures, UHS typically outperforms the IPFQR national benchmark, demonstrating the results of UHS' focus on quality performance.

129
Facilities



526,151
Total Discharges

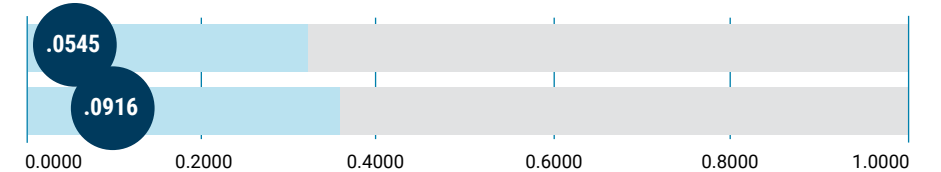


4,066,217
Inpatient Days



Event Measures (Lower values are better)

HBIPS-2: Physical Restraint Rate



HBIPS-3: Seclusion Rate

Chart Measures (Higher values are better)

IMM-2: Influenza Immunization++

METSCRN: Patients discharged on 1+ antipsychotic medication with a metabolic screening

SUB-2: Alcohol Use Brief Intervention Provided or Offered

SUB-2a: Alcohol Use Brief Intervention Provided+

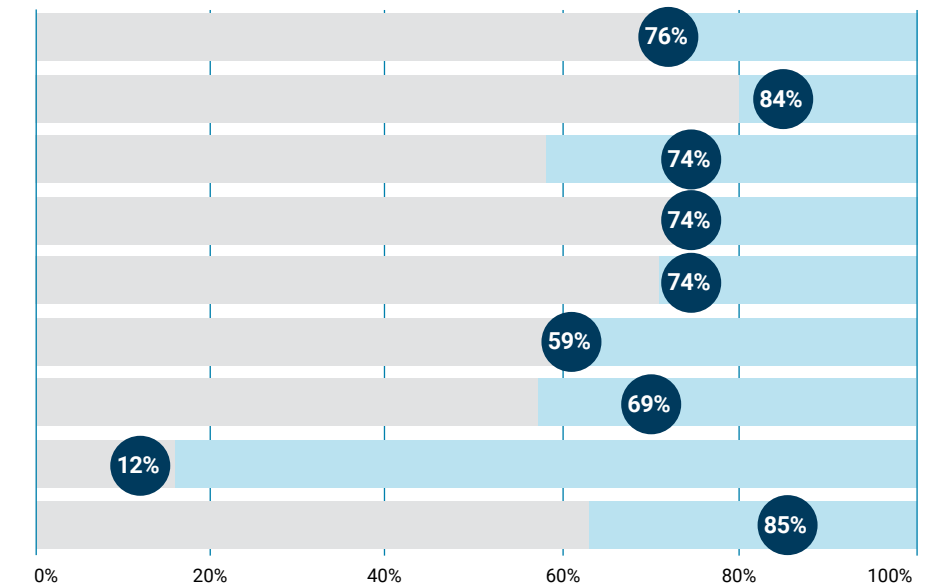
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge+

TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

TOB-3a: Tobacco Use Treatment Provided at Discharge+

TransRecPt: Transition Record with Specified Elements Received by Discharged Patients



Notes: UHS rates for 2025 inpatients are compared to the most recently available data published by CMS, the CMS National Benchmark 2023 rates. The CMS Comparison groups include units in medical surgical facilities. * Event rates are based on hours of event per 1,000 hours of patient care; + We respect the patient's right to refuse these offerings; ++ IMM-2 results are only applicable for Q1 & Q4 discharges.

UHS 2025

Range of values meeting or outperforming the 2023 CMS National Benchmark

Range of values not meeting the 2023 CMS National Benchmark

KEY DEFINITIONS AND CALCULATIONS

Net Promoter Score (NPS) is a metric that complements traditional patient satisfaction survey data. The Net Promoter Recommend Question asks patients to respond to “On a scale of 0 – 10, How likely would you be to recommend our facility to a friend or family member?” Patients responding with a score of 9 to 10 are deemed “Promoters”, patients responding 7 or 8 are referred to as “Passive”, and patients responding with a score of 0 to 6 are “Detractors”. The NPS is calculated as the percentage of all promoter responses (9 or 10) minus the percentage of all detractor responses (6 or below). NPS can be as low as -100 or as high as +100, with higher scores being more desirable and indicating a more positive patient experience.

Statistically Meaningful Improvement (SMI) is used to evaluate each change score on a clinical assessment for statistically meaningful change. When the magnitude of a patient’s change score equals at least 1 Standard Error of Measurement (SEM) based on MHO data for that specific tool, the patient’s change is large enough that it is likely due to effects of treatment rather than measurement error or chance. If the magnitude of a patient’s change score is less than 1 SEM, but higher than -1 SEM, treatment is said to have had “no effect”. Patients identified as “no effect” may have experienced change during their treatment, but the change was not evident as measured by the assessment. Patients with at least 1 SEM of change are classified as “improved” or “declined” based on the direction of their change. Results for all patients are combined to determine the percentage of patients that fell into each category (improved, declined, or no effect). Potentially, all patients at a program can experience statistically meaningful improvement.

Thank you

to the Behavioral Health team members whose commitment to excellence allowed us to achieve these successes. You operate with intent and integrity to bring quality care to instill hope in our patients, their families and served communities.

CLINICAL ASSESSMENT MEASURES

The Behavior and Symptom Identification Scale (BASIS-32™) is a 32-item patient self-report measure of patient functioning during the past week; scored on a scale of 0 to 4, higher scores indicate greater severity.

The Brief Psychiatric Rating Scale (BPRS) is an 18-item clinician’s rating of a patient’s functioning and symptoms obtained through a structured interview with the patient; scored on a scale of 0 to 108, higher scores indicate greater severity.

The Brief Psychiatric Rating Scale for Children 9-item (BPRS-C-9) is a clinician’s rating of the severity of a patient’s functioning and symptoms obtained through a structured interview with the patient; scored on a scale of 0 to 54, higher scores indicate greater severity.

The Brief Substance Craving Scale (BSCS) is a 10-item patient self-report measure of cravings for a primary and secondary craved substance; scored on a scale of 0 to 12, higher scores indicate greater severity.

The Child and Adolescent Behavior Assessment- Informant (CABA-I) is a 32-item informant rating of the patient’s problem behaviors during the past week; scored on a scale of 0 to 3, higher scores indicate greater severity.

The Child and Adolescent Behavior Assessment- Youth (CABA-Y) is a 32-item patient self-report measure of problem behaviors during the past week; scored on a scale of 0 to 3, higher scores indicate greater severity.

The PTSD Checklist for DSM-5 (PCL-5) is a 20-item patient self-report measure of the 20 DSM-5 PTSD symptoms; scored on a scale of 0 to 80, higher scores indicate greater severity.

The Psychogeriatric Dependency Rating Scale (PDRS) is a 16-item caregiver rating of patient behavioral problems over the past three days; scored on a scale of 0 to 32, higher scores indicate greater severity.

The Patient Health Questionnaire (PHQ-9) is a 9-item patient self-report measure of depression over the past week; scored on a scale of 0 to 27, higher scores indicate greater severity.

The Patient Health Questionnaire - Adolescent (PHQ-9-A) is a 9-item patient self-report measure of depression over the past week; scored on a scale of 0 to 27, higher scores indicate greater severity.



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