ELEVARE PERFORMANCE

Operator Baseline

Human Performance. Engineered.

EXAMPLE REPORT — SYNTHETIC DATA. “Alex Rivera” is a fictional persona created to demonstrate the deliverable. No real client information appears anywhere in this document.

Prepared for **Alex Rivera**
Date July 17, 2026
Operator Score **61 / 100** — Developing System
Founding Operator

This Baseline is a read of how your system operates today, built from your intake answers across all eight pillars. It is an assessment and a routine map — not a diagnosis, and not a substitute for your doctor or pharmacist. It reflects your own answers back to you, in order, so you know what to work on first. I read every answer myself before this went out. — Josh

Your System at a Glance

Your score is a self-assessment index, not a clinical measurement. The bands below matter more than the number: they show where your routine is holding and where it is leaking. N/A pillars are excluded from the score entirely — never counted for or against you.

Pillar	Band	What your answers show
Energy	**Developing**	Steady until about 2pm, then a hard dip you patch with coffee. The tank is real, not a willpower gap.
Recovery	**Needs Work**	Six-ish broken hours and no wind-down. This is the pillar quietly taxing the other seven.
Nutrition	**Developing**	Breakfast is solid; lunch gets skipped on busy days and the afternoon pays for it.
Training	**Solid**	Three lifts most weeks and it survives travel — a genuine strength to build around.
Supplements	**N/A**	You take none right now. That is a clean starting position, not a gap — I leave it empty until fuel timing is set.
Medication Integration	**Worth a Conversation**	You take prescriptions and haven’t mapped how the day fits around them. Not a failing — a conversation to have.
Stress	**Developing**	High load with a few habits that survive it, but no plan for the weeks that spike.
Routines	**Solid**	A real morning rhythm; the evening is where it frays.

Band scale: Strong · Solid · Developing · Needs Work. Medication Integration is never labelled "Needs Work" — a low read there is "Worth a Conversation," a question for your pharmacist, not a failing.

Your Constraint Map

PRIMARY CONSTRAINT: RECOVERY

You have a genuine strength in Training and a real morning routine — but they are all being taxed by the same upstream leak: your evenings, and the sleep they produce. This is the one to fix first, because it is upstream of the others.

Recovery → Energy → Stress

Broken, short sleep shows up the next day as the 2pm energy cliff (which you patch with caffeine, which costs you the next night). Low energy makes a heavy week feel heavier, and the stress you already carry has less slack to absorb it. Fix the evening and the sleep it protects, and the afternoon and the stress both get easier — without touching them directly. Your strong Training pillar means you already know how to hold a habit; I am going to point that same muscle at your evening.

You suspected it was "discipline." I read it differently, and I want to be plain about why: your answers describe a system with no wind-down and a phone in the bedroom, not a person who lacks willpower. The loop is doing what loops do — the evening drifts toward the stimulus, and sleep pays for it. That is a design gap, and design gaps are fixable.

Your Priority Actions — In Order

Five moves, sequenced. Do them one at a time, top to bottom. Not all at once — the order is the point.

1. **Charger out of the bedroom tonight.**
   The single highest-leverage move you can make this week. It is a distance barrier for the evening loop, and it protects the sleep everything else runs on. One change, one room.

2. **A hard evening stop at 9:30pm.**
   A time fence, not a routine to perfect. Screens down, lights lower. You already run a clean morning — this is the same rhythm, pointed at the other end of the day.

3. **Anchor lunch so it stops getting skipped.**
   Put a real midday meal on the calendar like a meeting. The 2pm dip is partly an empty tank; fueling the middle of the day is easier than out-caffeinating the afternoon.

4. **Keep Training exactly where it is.**
   Do not add to it. It is your most reliable pillar and it survives your travel — protect it as the keystone, and let the gains come from sleep and fuel, not more volume.

5. **Book the pharmacist conversation.**
   Take the Doctor Visit Sheet on the next page to a pharmacist. Many pharmacists will run a quick medication check at no charge and without an appointment — call ahead to confirm yours does — and it turns the one unmapped pillar into a solved one.

Medication-Aware Flags

What this section is, and is not. I flag published, general interaction categories so you know what to raise with a professional. I never tell you to start, stop, switch, or re-dose a medication, and I never decide whether a medication caused a symptom — that is your prescriber's and pharmacist's call, every time. Everything below is a question to ask, not an instruction to follow.

Building your day around the dose

You told me you take an SSRI and a statin. I am not going to touch your prescriptions — but I can help you build the day around them. Where a medication has a common timing or absorption consideration, I note it as a general, published pattern for you to confirm with your pharmacist against your exact prescription; I never assume your specific timing.

Interaction categories checked

If your stack ever includes…	Published category to review	Who answers it
A serotonergic supplement (e.g., St. John's Wort, 5-HTP, tryptophan)	With an SSRI, these sit on an "ask your doctor first" list — a documented interaction category, not a maybe. Where to look it up: FDA SSRI prescribing labels; NCCIH — St. John's Wort; MedlinePlus.	Your prescriber or pharmacist
CoQ10 (you take none today)	Statins are commonly discussed alongside CoQ10 levels; whether it is relevant for you is a question, not a given. Where to look it up: NIH Office of Dietary Supplements — Coenzyme Q10; MedlinePlus.	Your prescriber or pharmacist
Any new supplement at all	A pharmacist can check your exact list against your exact medications — often at no charge — the fastest way to close this pillar. Where to look it up: FDA drug labels & MedlinePlus, per your specific medication.	Your pharmacist

Each category above names the public sources where it is discussed (FDA drug labels, MedlinePlus, the NIH Office of Dietary Supplements, and the NIH NCCIH) so you and your pharmacist can look up the current entry for your exact prescription — these are pointers to public consumer-health sources, not exact citations, and they are general categories, never findings about you. I only ever flag published categories — I never diagnose your reaction to a drug, and I never tell you to start, stop, or change one.

Your Doctor Visit Sheet — take this to a pharmacist

Six questions, written so you can hand them over as-is. Many pharmacists will run through these at no charge and without an appointment — a quick call ahead confirms your pharmacy does.

1. Here is my full medication list and everything I take — are there any interactions I should know about?

2. I get a hard energy dip in the early afternoon — is there anything about my medications' timing worth looking at, or is that a separate conversation?

3. Is there any reason the timing of my doses should shape when I eat, train, or sleep?
4. If I ever want to add a supplement, what is the safest way to run it past you first?
5. Are there any common supplements I should specifically avoid given what I take?
6. Is my current schedule for taking these actually the easiest one to stick to, or is there a simpler pattern?

Your 30-Day Starter Protocol

Built from your own week — a demanding desk job, an early start, two kids at the evening pickup, and travel about one week a month. This is the full-day version. The bad-day minimum below it is the 20% that holds when the week falls apart.

Time	Routine / Focus	Meals	Meds & Supplements
6:15am	Up. Light + water before the phone. Morning rhythm you already run.	Coffee after, not before, water	Take meds per your prescriber's instructions
7:00am	Kids / out the door	Protein breakfast (this one's solid — keep it)	—
12:30pm	Protected lunch break — a real stop	Anchored lunch (the one to stop skipping)	—
3:00pm	Two-minute reset walk instead of the third coffee	Water; a real snack if needed	—
6:00pm	Training on lift days (keep as-is)	Dinner	—
9:30pm	Hard stop. Screens down. Charger stays OUTSIDE the bedroom.	—	—
10:15pm	Lights out	—	—

Bad-day minimum — the version that holds when everything is on fire

On a travel day or a crisis week, you do not run the whole system. You protect three things and let the rest flex:

- **Take your medications on schedule, exactly as prescribed.** Non-negotiable, first.
- **Charger out of the bedroom.** Protect the sleep — it is the whole point.
- **One real meal.** Not perfect. Just not running on empty.

That is the minimum. You never go to zero, so there is nothing to "restart" — you just contract, then expand again.

How You'll Know It's Working

Five minutes, once a week, same conditions each time. You are not tracking calories or heart-rate charts — you are catching drift early. Rate each 1–10.

Signal	Baseline (today)	Wk 2 / Wk 4 / Wk 8 / Wk 12
Sleep felt restorative	**4**	/ / /
Afternoon energy	**4**	/ / /

Signal	Baseline (today)	Wk 2 / Wk 4 / Wk 8 / Wk 12
Stress felt manageable	**5**	/ / /
Evening stop held (Y/N)	**N**	/ / /

At 90 days, retake your free Operator Score at elevareperformance.ai/assess.html and compare bands — not raw numbers. The free score and this Baseline are different instruments; the bands are what move.

Scope & Safety

This report is educational — not medical advice, diagnosis, or treatment, and not a substitute for your doctor, pharmacist, or any licensed professional. It is built from your own answers and reflects your system as you described it. Nothing here tells you to start, stop, or change a medication. Statements about supplements have not been evaluated by the FDA and are not intended to diagnose, treat, cure, or prevent any disease. If you experience any adverse effect, stop and speak with a healthcare provider. I earn nothing from any supplement named in this report.

When you’re ready, reply to your delivery email and tell me how Action 1 survives contact with your actual week. That reply is how this gets sharper. — Josh

What’s Next

From here you’ll get **The Operator Protocol** — one short email each Friday: an insight, a medication-aware note, and a single action. No fluff, unsubscribe in a click.

If you’d like to walk this report through together — live, 45 minutes, 1:1 — there’s a **Founding Operator Review**. I cap it at 15 people because I do every one myself. Reply “REVIEW” and I’ll send the details. No pressure either way — the report stands on its own.