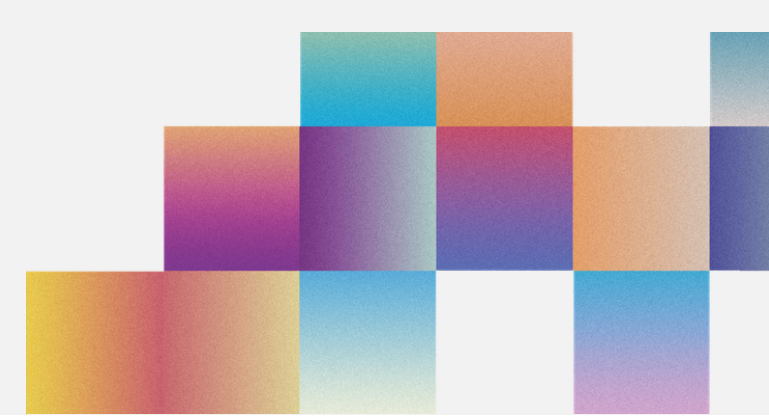




The Salhy personal hydration test is not a medical device nor a substitute for professional advice. Salhy is a tool to help you understand and optimise your personal hydration.

BASELINE HYDRATION TESTING

What is a Salhy baseline test?

A baseline test is taken when you are well hydrated. It creates a personal benchmark, helping the Salhy test spot changes in your hydration more accurately.

Why is it needed?

There can be interpersonal differences in saliva. Conducting a baseline assists the Salhy test to provide more accurate personalised results. Your Salhy test will be measured against your own optimally-hydrated state (versus using general population data).

What does it involve?

The aim is to reach optimal hydration by ensuring you are drinking sufficient fluids. For some people, it may mean increasing fluid consumption versus their typical day-to-day behaviour.

Are there any risks?

Typically there are no risks with being well hydrated. However for people with issues of fluid retention or managing chronic illnesses, fluids may need to be carefully managed. We recommend people with these conditions do not change their hydration habits without first consulting with their medical professional.

What happens if I don't do a baseline test?

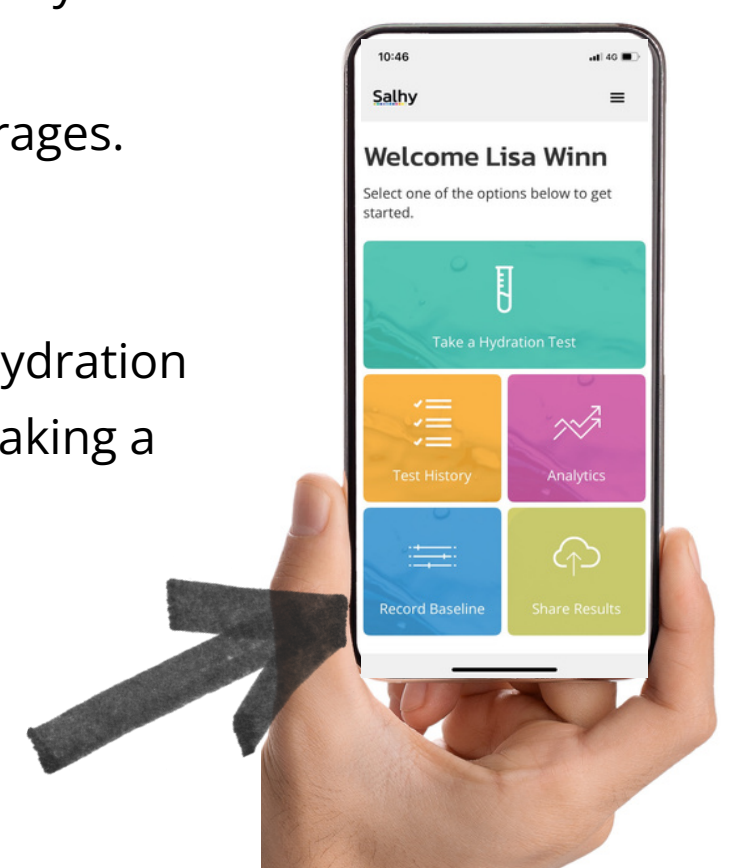
You can still use the Salhy personal hydration test. The only difference is that the result will be calculated by measuring against general population data norms.

SALHY BASELINE HYDRATION TEST PROCESS:

The process for a baseline test is straightforward. The first step is to select a couple of days when you can limit alcohol consumption (ideally to 1 standard drink), your exercise schedule is going to be light and the conditions aren't going to be very hot or humid. This will minimise any alcohol, exercise or heat-related dehydration.

Once you have selected your days - the process is:

- 1. As a general rule consume **1 standard glass (250ml)** of water/other fluids **every hour** during the day - for example every hour from 9am to 5pm (or a similar timeframe such as 10am - 6pm).
 - Don't forget to keep up electrolytes by consuming salty foods and/or electrolyte-containing beverages.
 - For a more precise calculation of the fluids you need, see the next page.
- 2. Continue this fluid consumption for one full day and onto a 2nd day. **On the 2nd day**, take a Salhy hydration test around the **middle of the day** and another test **late afternoon** (follow the normal process for taking a Salhy test, including avoiding eating or drinking for 10 mins before taking a test).
- 3. Select '**Baseline Test**' option in the Salhy app and follow the prompts to ensure these tests are recorded as your optimally hydrated state. Your baseline is now set!



Refer to the next page for more specific details on Baseline tests.



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Achieving Optimum Hydration

Baseline Program: Detailed Information

Program Duration:

2 days on average

Suggested Hydration Target:

Aim for 30–40 ml of total fluids per kg of body weight over 24 hours ^{1,6}
(Includes all fluids and high-water-content foods)

Eu-hydration (optimal hydration)		
Daily fluid consumption - based on body weight		
	Daily Fluid Range:	
60kg	1.8 L	2.4 L
70kg	2.1 L	2.8 L
80kg	2.4 L	3.2 L
90kg	2.7 L	3.6 L

Nb: It can take 2-3 days of following the recommended fluid/body weight to achieve optimum baseline hydration if an individual is chronically dehydrated over a period of time.

Daily Fluid Distribution:

- Spread fluid intake evenly across the day (e.g. 400–600 mL per main meal, 250 mL mid-morning/afternoon) ²
- Avoid large single intakes (>800 mL) to reduce excess elimination ³

Guidelines:

- Avoid alcohol and limit caffeine during the program ¹
- Avoid high sweat loss (e.g. intense heat, strenuous activity) ²
- Consume sodium (salt) (~1.5–2.3 g/day) to support fluid retention and plasma osmolality³

High-Water Content Foods Can Be Included:

- Fruits (watermelon, oranges)
- Vegetables (cucumber, lettuce)
- Soups, smoothies, yoghurt



Important Note

If you have medical fluid restrictions or health concerns, seek professional advice before changing fluid intake. This program is intended for healthy individuals. It is not suitable for people with dietary fluid restrictions (for example those with heart failure, kidney disease, liver cirrhosis, SIADH or those taking diuretics). Pregnant individuals and older adults should consult a healthcare provider before increasing fluid or sodium intake.



Using body-weight to set daily fluid targets:

Note the 24-hour fluid consumption guide is based on published hydration research and sports nutrition references that estimate daily fluid needs using mL per kg body weight. Similar body-weight methods are also used in exercise science studies to standardise hydration before testing. Individual needs vary with heat, activity and sweating.

Scientific References:

1. EFSA Panel on Dietetic Products, Nutrition and Allergies. (2010). Scientific opinion on dietary reference values for water. EFSA Journal, 8(3), 1459.
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3. Casa, D.J., et al. (2000). Pre-exercise hydration strategies. Journal of Athletic Training, 35(2), 212–218.
4. Armstrong, L.E., et al. (1994). Urinary indices of hydration status. International Journal of Sport Nutrition, 4(3), 265–279.
5. Walsh, N.P., et al. (2004). Saliva as a non-invasive tool for monitoring hydration status. Medicine & Science in Sports & Exercise, 36(9):1535–1542
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