



Reading Your CGM — Time in Range and the Numbers That Matter

Time in Range and the Numbers That Matter

————— **An Extended Guide · No. 1748** —————

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SUMMARY

The 60-Second Version

If you read one page first, make it this one. Your continuous glucose monitor (CGM for short) shows three things every time you glance at it: a big number (your sugar right now), a little arrow (which way it's heading and how fast), and a line (a graph of the last few hours). Later, in a report, it adds up your days into a few summary numbers — the two big ones are "Time in Range" and "GMI."

- The number is your estimated blood sugar in that moment, in mg/dL.
- The arrow tells you the direction and the speed of the change.
- "Time in Range" is the share of your readings that landed inside a target band — commonly described as 70 to 180, but set for you by your doctor.
- GMI is an estimate, shown as a percent, that's used alongside your A1C — not instead of it.
- You don't change any targets or settings based on this guide. Those are your doctor's decisions.

WATCH OUT

This is information, not medical advice. I can help you find and read what's on the screen. What your numbers mean, what your targets should be, and whether anything should change are all for your doctor or nurse. If you ever feel truly unwell, don't study the graph — treat it the way your doctor told you to, and call 911 in an emergency.

THE BIG NUMBER

1. The Live Reading in the Middle

The number your eye goes to first.

Open the app or pick up the reader and the first thing you see is a big number in the middle of the screen. That's your estimated blood sugar right now, measured in milligrams per deciliter — written mg/dL, and usually said out loud as just "a hundred and twenty" or whatever the number is.

It refreshes every few minutes on its own, so the number you're looking at is never more than a few minutes old. You don't press anything to make it update. Glance at it, and it's current. The color of the number often changes too — many apps show it in one color when you're in your range and another when you're above or below it.

GOOD TO KNOW

A single number is a snapshot, not the whole story. The arrow beside it and the line below it tell you where it's been and where it's heading — which is usually more useful than the one number by itself.

THE LAG

2. Why It Can Differ From a Finger Stick

The sensor reads a slightly different place.

People are often surprised that the CGM number and a finger-stick number don't match exactly. There's a simple reason. A finger stick reads sugar in your blood. The CGM reads sugar in the fluid just under your skin, and that fluid runs a few minutes behind your blood — especially when your sugar is moving fast.

So when things are steady, the two tend to be close. When your sugar is climbing or dropping quickly, the CGM can read a little behind, because it's catching up to where your blood already is. That's normal and expected, not a broken sensor.

GOOD TO KNOW

A gap of a little bit between the two is ordinary. Your doctor will tell you if and when they want you to confirm a CGM reading with a finger stick — it's a question for them, not a sign something's wrong.

THE ARROWS

3. What the Trend Arrow Is For

Direction matters as much as the number.

Next to the big number sits a small arrow. This is one of the most useful things on the whole screen, because it answers the question the number alone can't: not just where you are, but which way you're going. A reading of 120 that's sitting still is a very different picture from a 120 that's dropping fast.

The arrow points the direction your sugar is heading — up, down, or sideways. A sideways arrow means you're fairly steady. An arrow tilted up or pointing up means you're rising; tilted or pointing down means you're falling. The steeper the arrow, the faster the change.

TIP

Get in the habit of reading the arrow and the number together, as one thought: "one-forty and holding steady," or "ninety and heading down." That little phrase tells you far more than the number on its own.

ARROW SPEED

4. How Fast Is It Moving?

Single, slanted, and double arrows.

Arrows don't just show direction; they show speed. The exact set of arrows depends on your brand, but the idea is the same across them. A flat, sideways arrow means your sugar is barely moving. A slanted arrow means it's drifting up or down gently. A straight up or down arrow means it's moving at a good clip.

- Sideways arrow: holding fairly steady.
- Arrow at an angle: rising or falling slowly.
- Arrow pointing straight up or down: rising or falling quickly.
- Two arrows together (on systems that have them): changing very fast — worth paying attention to.

Some systems, like Dexcom, use a double arrow for the fastest changes; others, like the FreeStyle Libre, top out at a single arrow. Neither is better — they just draw the picture a little differently. Learn the handful your own device uses and you've got it.

LOOKING AHEAD

5. Reading Where You're Headed

The arrow hints at the next little while.

Put the number and the arrow together and you get a rough sense of the near future. A steady arrow says you'll likely be about where you are in a little while. A fast up or down arrow says the number is apt to be noticeably higher or lower before long. That head start is the real gift of a CGM over a once-in-a-while finger stick.

That's as far as I'll take it, though, because what you do with that head start is a medical matter. Whether a falling arrow means you should eat something, or a rising one means anything at all, depends entirely on your situation and your doctor's plan.

WATCH OUT

I can tell you what the arrow is showing. I can't tell you what to do about it. Any action — eating, dosing, waiting — is between you and your doctor, who will have given you a plan for exactly these moments.

THE LINE

6. The Graph of the Last Few Hours

The wiggly line below the number.

Below the big number, most screens show a line — a little graph that traces your sugar across the last several hours. Reading it is easier than it looks. Time runs left to right, so the right-hand end is now and the left end is a few hours ago. Up on the graph is a higher number; down is lower.

You don't need to study every bump. What the line shows at a glance is the shape of your recent hours: a gentle hill after a meal, a smooth valley overnight, or a jagged stretch. The shape is the point, not any single dot on it.

TIP

Most apps let you stretch the graph to show more or fewer hours, often by turning the phone sideways. If the line looks cramped, turn the phone to landscape and it usually spreads out and gets easier to read.

THE BANDS

7. The Colored Zones on the Graph

Green in the middle, shading above and below.

Look closely at that graph and you'll see it's not a plain white background. There's usually a shaded band running across the middle — often green or gray — with the area above and below it shaded differently. That middle band is your target range, drawn right onto the picture.

So when the line rides along inside the middle band, you were in your range during those hours. When it pokes up above the band, you were running high; when it dips below, you were running low. The colors are just there to make "in range" easy to spot without reading any numbers.

GOOD TO KNOW

The edges of that band are the target numbers your doctor set in the app. If the band looks wrong to you, that's a conversation for the office — not a setting to nudge on your own.

TIME IN RANGE

8. What "Time in Range" Means

The headline number on your reports.

Once you've worn a sensor for a while, the app can add up all those readings into summary numbers. The one you'll hear about most is "Time in Range," often shortened to TIR. It's a simple idea dressed in a clinical name: of all the readings over some stretch of days, what share of them landed inside your target band?

It's shown as a percentage. If your Time in Range is 70 percent, that means about seven out of every ten readings were inside the band, and three were outside it — some high, some low. It's a way of grading a whole period at a glance instead of squinting at day after day of graphs.

GOOD TO KNOW

Time in Range answers "how much of the time was I where I should be?" That's often more useful to a doctor than any single reading, because it describes the big picture rather than one moment.

THE BAND

9. The 70-to-180 Band — and Why It's Yours

A common range, but your doctor sets yours.

You'll very often see the target range written as 70 to 180 mg/dL. That's the range a lot of guidelines point to for many adults, so it's a sensible thing to recognize. But it is not a law of nature, and it is not automatically your range.

Your doctor may set a wider band for you, or a different one, depending on your age, how long you've had diabetes, whether you've had trouble with lows, and plenty of other things I'm not the right person to weigh. The band drawn on your app should be the one your doctor chose for you.

WATCH OUT

Don't compare your Time in Range to a friend's and worry. You may have different target bands set for good reasons. The only fair comparison is your own numbers over time, read by the doctor who set your targets.

THE GOAL

10. How Much Time 'In Range' Is Good?

A common goal — but an individual one.

People naturally want to know what a "good" Time in Range number is. A figure you'll see cited a lot is spending about 70 percent of the day in range — roughly seventeen hours out of twenty-four. It's a widely referenced goal, which is why it's worth recognizing.

But the word that matters most here is "individualized." For some people a doctor aims higher; for others, especially those at risk of lows, a gentler goal is safer. A number that's a win for one person isn't the right target for the next.

WATCH OUT

Seventy percent is a commonly cited goal, not your prescription. What you should be aiming for is a number your doctor gives you, looking at your whole health. Please don't set your own goal from a figure in a guide — mine included.

ABOVE AND BELOW

11. Time Below and Time Above

The two slices outside the band.

Time in Range usually comes with two companion numbers: time below range and time above range. These are the slices of the day you spent under your band (running low) and over it (running high). Together, the three add up to the whole day.

Many apps draw these as a stacked bar — a tall green middle with a strip of yellow or orange on top for the highs and a strip of red at the bottom for the lows. The time-below strip often gets special attention, because lows can be the more immediately risky direction, but your doctor reads both.

GOOD TO KNOW

Guidelines often talk about keeping time below range quite small. Exactly how small, and what to do if yours isn't, is your doctor's call. If you're seeing more lows than usual, that's worth a message to the office.

THE GMI

12. The GMI Percentage

An estimate that looks like an A1C.

Somewhere on your report you'll see something called GMI, shown as a percentage — something like "GMI 6.8%." The letters stand for Glucose Management Indicator. It's an estimate the app calculates from your average sugar over roughly the last two weeks, dressed up to look like the familiar A1C percentage.

The reason it's shown as a percent is to be easy to compare with the A1C your doctor already talks about. If your average has been higher, your GMI is higher; if your average has been lower, so is the GMI. It's a quick read on how the last couple of weeks have gone.

GOOD TO KNOW

GMI is a calculated estimate from your CGM, not a blood test. It can read a little higher or lower than your lab A1C, and that difference is itself something your doctor finds useful.

GMI VS A1C

13. GMI and A1C — Used Together

Two views, not a replacement.

It's tempting to treat the GMI on your phone as "my A1C," but they're not the same thing, and the GMI doesn't replace the lab test. The A1C is a blood test that reflects a few months. The GMI is an estimate from your sensor's last couple of weeks. Doctors read them side by side.

When the two line up, that's reassuring. When they drift apart — say the GMI is lower than the last A1C — that gap is actually information, and interpreting it is exactly the kind of thing a doctor does and I don't. There can be perfectly ordinary reasons for a difference.

WATCH OUT

Please don't skip a lab A1C because the app shows a GMI you like. They answer slightly different questions, and your doctor wants both. The GMI is a helpful extra view, not a substitute for the blood test.

THE AVERAGE

14. Your Average Glucose

The single number behind the GMI.

Right near the GMI, you'll usually find your average glucose for the same stretch of days — a single mg/dL number that is, quite literally, all your readings added up and divided. The GMI is really just that average translated into a percentage.

An average is handy, but it has a blind spot worth knowing about. A person who bounces between high and low all day can land on the same average as someone who stays rock-steady in the middle — two very different pictures, one number. That's why the average is never read alone.

GOOD TO KNOW

This is exactly why Time in Range exists. It catches the ups and downs that a plain average hides. Your doctor looks at the average and the Time in Range together to see the fuller picture.

THE WOBBLE

15. The 'Variability' Number

How bumpy versus how steady.

Some reports show a number for "variability," sometimes labeled as a percentage with the letters CV. Don't let it trip you up. In plain words, it's a measure of how bumpy your line is — how far your sugar swings away from its own average through the day.

A lower variability means a steadier, smoother line. A higher one means more peaks and valleys. It's another way of saying what you can often see just by eyeballing the graph: was the ride smooth or was it a rollercoaster?

GOOD TO KNOW

There are target figures for variability too, but whether yours matters, and what to do about it, is a doctor's read. You don't need to memorize the number — just know what the word is pointing at.

DATA CAPTURE

16. How Much the Sensor Actually Caught

Why a report needs enough days behind it.

Near the top of a report, often as a percentage, you'll see something like "sensor active" or "time CGM active." It's telling you how much of the period the sensor was actually collecting data — not off, not in a gap, not warming up.

It matters because a report built from only a few scattered days isn't as trustworthy as one built from most of the period. A common rule of thumb is wanting the sensor active for a good majority of the time — roughly 70 percent or more — before leaning too hard on the summary numbers.

TIP

If this number is low, the fix is just to wear the sensor more consistently before the next report. There's a companion guide in this series on getting a sensor to stay on and keeping supplies coming — ask me for it.

ONE DAY

17. Reading a Single Day's Graph

Following the line from midnight to midnight.

Most apps let you pull up a single day on its own. It's the same left-to-right line as the live screen, just stretched across a full twenty-four hours, usually from midnight to midnight. You can see the whole day's story in one picture.

What people find useful is matching the bumps to their day in their head: the hill after breakfast, the dip in the afternoon, the flat stretch while sleeping. You're not grading yourself — you're just getting curious about the shape, which is a healthy way to look at it.

TIP

If you want to understand a particular bump, note what was going on at that time — a meal, a walk, a nap — and mention it at your next visit. The number plus the story is what helps your doctor most.

MANY DAYS

18. The Weekly Pattern

When days stack on top of each other.

Beyond a single day, reports can lay several days over each other on one graph — a week or two, all stacked. At first it looks like a tangle of lines, but there's a reason for it. When a lot of days land the same way at the same hour, a pattern jumps out that no single day would show.

So if you tend to run high every morning, or dip every afternoon, the stack makes it obvious because the lines bunch up there day after day. It turns a habit into something you can see.

GOOD TO KNOW

Spotting a pattern is fine and interesting. Deciding what it means or what to change about it is your doctor's job — a pattern on the screen is the start of a conversation, not the end of one.

THE REPORT

19. The One-Page Summary (AGP)

The page your doctor usually reads.

There's a standard one-page report that most CGM systems can produce, sometimes called the AGP — the Ambulatory Glucose Profile. It's designed so that any doctor can read any brand's report the same way. If your office asks you to bring or send your numbers, this tidy page is often what they mean.

It gathers the greatest hits onto one sheet: your Time in Range bar, your average and GMI, the sensor-active figure, and a single smoothed graph that represents your typical day. You don't have to interpret it — but it helps to recognize the pieces so it doesn't look like a wall of numbers.

TIP

Ask the office which report they want and how they'd like it — printed, or shared from the app. Knowing that before your visit saves fumbling, and it's an easy thing I can set up with you once.

THE CURVE

20. The Smoothed Curve and Its Shading

The typical-day picture on the report.

The eye-catching part of that one-page report is a single curve with a shaded ribbon around it, spread across a typical 24-hour day. The curve in the middle is your middle-of-the-road line — where your sugar usually sits at each hour. The shaded ribbon shows how much it varied around that.

A narrow ribbon means your days are a lot alike at that hour; a wide ribbon means they're all over the map. Where the whole thing rides high or dips low against the target band tells the story of your typical day at a glance.

GOOD TO KNOW

This smoothed curve isn't any real single day — it's a blend of many. That's the point: it shows your habits, not one odd Tuesday. Reading what it means for your care, though, stays with your doctor.

HIGH ALERTS

21. The High Alert

When the app says you're running high.

Your CGM can buzz, beep, or flash a message when your sugar crosses a line. A high alert fires when the number climbs above a level set in the app. On screen you'll usually see the word "high" and the current number, along with the sound or vibration.

Reading it is the easy part. Knowing what to do about it is the part that belongs to your care plan. A high alert is the app telling you a threshold was crossed — it is not, by itself, telling you to take any particular action.

GOOD TO KNOW

The level that triggers a high alert is a setting your doctor should guide. If your alerts feel too frequent or too rare, that's a conversation for the office, not a dial to spin on your own.

LOW ALERTS

22. The Low Alert and the Urgent Low

The one to take seriously.

A low alert fires when your sugar drops below a set level, and most systems also have a separate, louder "urgent low" that goes off at a lower number and is hard to miss on purpose. Lows can come on faster than highs, which is why the device makes such a point of them.

When a low alert sounds, this is not the moment to study graphs. Follow the plan your doctor gave you for treating a low — they'll have told you exactly what to do and when. The device's job is to get your attention; your plan's job is to tell you the rest.

WATCH OUT

Treat a low the way your doctor told you to, right away — don't wait to see if the number turns around. And if someone is confused, can't be woken, or is having a seizure, that's a 911 call, not a wait-and-watch.

ALERT OR EMERGENCY

23. An Alert Is Not an Ambulance

What the device does and doesn't do.

It's worth being clear about what an alert is. It's a reminder to look and to follow your plan. It is not a call for help, and no one is automatically dispatched because your phone beeped. The CGM watches a number; it doesn't summon an ambulance.

So for a true emergency — someone who's unresponsive, having a seizure, or clearly in serious trouble — you call 911 yourself. The device may have pointed you there, but the phone call is still yours to make, and making it fast matters.

WATCH OUT

Never think "the sensor will handle it." It won't. For a severe low or any medical emergency, you treat it per your plan and call 911. The CGM is a helper, not a lifeguard.

THE SETTINGS

24. Who Sets the Alert Levels

A quick word on the dials.

Every system lets you set where the alerts fire and how loudly. It's tempting to treat those like a thermostat and nudge them when an alarm gets annoying. I'd gently steer you away from doing that on your own, because those levels are part of your medical plan.

There's one exception that's purely about the technology, not your health: making sure the alerts can actually be heard. If your phone is on silent, or the volume is down, a real alert might not reach you. That part I'm glad to help you check.

TIP

Ask your doctor or nurse to help you set the alert levels, then let me make sure the phone's sound, volume, and any "override silent mode" options are switched on so those alerts actually come through.

TO THE DOCTOR

25. How Your Numbers Reach the Office

The data travels so you don't have to explain it.

Your reports don't have to be read off your phone in the exam room. Most systems quietly upload your readings to a secure account online, and your clinic can be connected to it so they see your reports in their own system. You wear the sensor; the numbers find their way to the office.

- Many apps have a share or upload feature that sends reports to a connected clinic automatically.
- Some offices ask you to bring a printed one-page report, or to pull it up on your phone during a telehealth visit.
- Either way, you don't have to interpret the numbers — you just get them in front of the people who do.

TIP

Ask the office how they'd like your data: connected through the app, printed, or shown on a screen. Getting that link set up once is exactly the kind of thing I can sit with you for.

THE PATTERNS

26. Patterns You Might Notice

Curiosity is good; conclusions are the doctor's.

Once you're comfortable reading the graphs, you'll start to notice things — a climb after a certain meal, a dip when you garden, a higher-than-usual morning. Noticing is wonderful. It's how people come to understand their own bodies, and it makes your visits richer.

Where I'll put a gentle hand on your shoulder is the jump from noticing to deciding. "I run high in the mornings" is a fine observation to bring to your doctor. "So I'll change my medicine" is not a step to take from a graph. The pattern is a question for the office, not an answer on its own.

WATCH OUT

I can help you see a pattern clearly on the screen. I can't tell you what it means or what to change — and neither can the graph. Bring what you notice to your doctor; let them connect it to your care.

DON'T CHASE

27. Reading Without Chasing Every Number

A calmer way to live with the data.

A CGM gives you so many numbers that it's easy to start reacting to each one — checking constantly, fretting over a single high, trying to steer your sugar minute by minute. For most people that's exhausting and not very helpful, and doctors often actively discourage it.

The trends and the reports are where the real value lives, not any one blip. A good habit is to glance at the number and arrow when you naturally think of it, and save the deeper reading for the daily or weekly graphs, where the picture is calmer and clearer.

GOOD TO KNOW

If watching the number is making you anxious, say so to your doctor. There are ways to set things up — which alerts, how often to look — that keep the benefit without the worry. That's a real and common conversation.

FALSE READS

28. A Low That Isn't — Pressure Lows

When lying on the sensor fools the graph.

Here's one reading quirk worth knowing. If you lie on the sensor — say you sleep on that arm — the pressure can squeeze the little area it reads and make the number dip, showing a low that isn't really happening in your blood. People call these pressure lows or compression lows.

You can often spot one on the overnight graph: a sudden dip while you slept that pops right back up the moment you rolled over. Knowing the quirk keeps you from being alarmed by a nighttime number that was really just your own elbow.

WATCH OUT

Knowing about pressure lows is not permission to wave away a low. If you feel the symptoms your doctor warned you about, treat it as real and follow your plan — and ask your doctor how they want you to tell a true low from a false one.

CONFIRMING

29. When to Reach for a Finger Stick

Sometimes the old way checks the new one.

Even with a CGM, there are moments a finger-stick meter earns its keep. The common one is when the CGM number and how you feel don't agree — the screen says you're fine but you feel low, or the other way around. A quick finger stick settles the argument.

Your doctor will tell you their rules for this, and they'll fit your exact device, since some sensors are approved for treatment decisions without a confirming stick and others aren't. That approval detail is one to get from the office, not from me.

GOOD TO KNOW

A trusty rule many people are taught: if the symptoms and the sensor disagree, believe your symptoms and check with a finger stick. But get your own version of that rule from your doctor.

WHERE YOU LOOK

30. Reading It on a Phone vs. a Reader

Same numbers, different screen.

You might read your CGM on a phone app, on a small handheld reader the system comes with, or sometimes both. The good news is that the number, the arrow, and the graphs mean the same thing on either one. Learn to read one screen and you've learned them all.

The phone app usually does more — bigger graphs, easier sharing, the full reports — while a dedicated reader is simpler and doesn't depend on your phone. Plenty of people keep using the reader for a quick glance and the phone for the deeper look.

TIP

If the text on either screen is hard to see, both phones and many readers have ways to make it bigger and bolder. That's pure technology, right in my wheelhouse — ask me and we'll make the numbers comfortable to read.

FOR THE HELPER

31. A Note for the Family Helper

If you're reading the numbers for someone else.

If you're a spouse or an adult child keeping half an eye on a loved one's readings, the display can look alarming at first — every high feels like a crisis. Learning to read the arrow and the trend, not just the one number, will save you a lot of worry and a lot of unnecessary phone calls.

- Learn the same handful of arrows and colors they do, so you're reading the same picture.
- Agree in advance, with their doctor's input, on what's worth a call and what isn't — so you're not reacting to every blip.
- There's a companion guide on letting family see the numbers remotely, and another on portal proxy access — ask me for them.

GOOD TO KNOW

The targets, the alerts, and any decisions are still between the patient and their doctor. Your role as helper is to read the screen calmly and know when to pass something along — not to make the medical calls.

QUESTIONS

32. Common Worries, Answered

The things people actually ask me.

"The number looks scary — should I panic?" Look at the arrow first. A high number that's steady or falling is a very different thing from one that's climbing fast. And if how you feel doesn't match the screen, follow your doctor's plan and check.

"Why don't my CGM and my meter match?" They read slightly different places and the sensor runs a bit behind when sugar moves fast. A small gap is normal.

"Is my Time in Range good?" That depends on the target your doctor set for you. There's no single right answer for everyone, which is why it's their call and not mine.

"Can you tell me what my numbers mean?" I can help you read the screen and pull the reports. What the numbers mean for your health is a question for your doctor or nurse, every time.

MYTHS

33. A Few Myths, Cleared Up

What the numbers are — and aren't.

"A high reading means I did something wrong." Not necessarily. Sugar rises and falls for lots of reasons; the graph is information to understand, not a report card to feel bad about.

"The GMI is my A1C." It's an estimate that looks like one. Your doctor uses both, and a lab A1C is still its own test.

"I should fix every number I see." Chasing each reading usually causes more stress than good. Trends and reports are where the value is.

"70 to 180 is my target because it's the one I keep seeing." It's a common range, but your target is whatever your doctor set for you.

A DAY

34. A Day in the Life of Reading It

What this really adds up to day to day.

Strip away the clinical words and here's what living with the numbers looks like. You glance at your phone with your morning coffee — a number and an arrow, a two-second read — and get on with your day. Now and then the app buzzes, you look, and you follow whatever plan your doctor gave you.

Every week or two, maybe before a visit, you open the report and look at your Time in Range and the typical-day curve for a minute. Not to grade yourself — just to notice the shape of things, so you've got a question or two ready for the doctor. The rest of the time, the sensor does its quiet counting in the background.

GOOD TO KNOW

The goal isn't to make you stare at numbers all day. It's the opposite — to let you check in briefly, trust the trends, and spend the rest of your attention on living your life.

SAFETY

35. When to Call the Doctor — or 911

The numbers help; they don't decide for you.

This matters, so I'll say it plainly. The CGM is a window, not a doctor and not an emergency line. If you feel truly unwell — confused, very weak, trouble staying awake — or someone can't be roused, don't study the graph. Treat a low the way your doctor taught you, and call 911 if it's an emergency.

Short of an emergency, a message or call to your office is the right move when something in your numbers worries you, when you're seeing more lows than usual, or when the screen and how you feel keep disagreeing. That's what they're there for.

WATCH OUT

Never let "I'll just watch the number" replace treating how you feel. The sensor reports; it doesn't rescue. For a severe low or any emergency, treat it per your plan and call 911 — the device won't do that for you.

FIRST WEEK

36. Getting Comfortable in the First Week

The screen stops looking foreign fast.

The first few days, all those numbers and colors can feel like a lot. Give it a week. By then the big number, the arrow, and the band will read as naturally as a clock face, and you'll stop noticing the parts you don't need.

- Day one or two: just find the number and the arrow, and learn your device's handful of arrows.
- Midweek: get comfortable with the live graph and where your target band sits on it.
- By week's end: open a report once and find your Time in Range, your average, and the GMI — no need to interpret them.

TIP

If week one feels clumsy, that's normal and temporary. It's also the perfect time for a visit — we sit down together, walk through your actual screen once, and the mystery is gone.

YOU'RE NOT ALONE

37. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made reading your CGM feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

GOOD TO KNOW

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

TIP

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

CHEAT SHEET

Everyday Cheat Sheet

Keep this next to your phone or reader.

- Read the number and the arrow together: "120 and holding steady."
- Arrow direction = which way; arrow steepness = how fast.
- The shaded middle band on the graph is your target range — set by your doctor.
- Time in Range = the share of readings inside your band; the commonly cited goal of about 70% is a general one, not your prescription.
- GMI is an estimate shown like an A1C — used alongside the lab test, not instead of it.
- An alert gets your attention; it does not call for help. Treat a low per your doctor's plan.
- Feeling truly unwell, or someone can't be woken? Treat it and call 911 — don't wait on the graph.
- Targets, alert levels, and any changes are your doctor's decisions, never this guide's.

AT A GLANCE

A Picture to Follow Along

What the Screen Shows You

Three things, every time you glance at it.

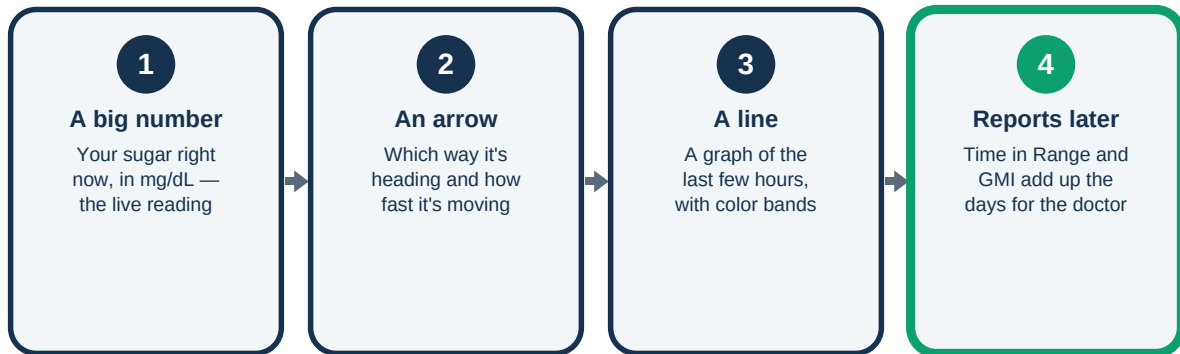


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

The Trend Arrows, Side by Side

Direction and speed — your doctor tells you what to do about each.

	What it shows	Roughly means
Steady arrow	Pointing sideways	Holding fairly level
Slanted arrow	Up or down at an angle	Drifting that way
Straight arrow	Pointing up or down	Moving quickly
Double arrow	Two arrows together	Moving very fast

Illustration - a schematic, not to scale. Your setup may differ.

BEFORE YOU GO

A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



HOW I CAN HELP

Your Visit — and My Promise

In-home visit — \$99 flat for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

Remote Support — \$49 for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: **billshometech.com/book** · **bill@billshometech.com**

This free guide is for general information only — not professional advice, and no substitute for your device's own manual. Any prices or outside products mentioned can change; please confirm current details before you buy. Please use your own good judgment and follow it at your own risk — for anything involving electricity, gas, water, or heights, stop and call a licensed professional. Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results. © 2026 Bill's Home Tech, LLC.