

In partnership with



Coleg Nyrso Brenhinol
Cymru
Royal College of Nursing
Wales



Alzheimer's
Society
Cymru

Unedig Yn
Erbyn Dementia
United Against
Dementia

Dyma fi

Bydd y daflen hon yn eich helpu chi i fy nghefnogi mewn lle anghyfarwydd.

This is me

This leaflet will help you support me in an unfamiliar place.

Fy enw llawn yw My full name is

- Rhowch lun ohonoch eich hun yn y lle a ddarperir.
- Trowch at dudalen gefn y ffurflen hon i gael nodiadau canllaw i'ch helpu i gwblhau **Dyma fi**, gan gynnwys enghreifftiau o'r math o wybodaeth i'w chynnwys.
- Cadwch y ffurflen wedi ei llenwi mewn lle addas fel y gall yr holl staff gofal ei gweld a chyfeirio ati'n hawdd.
- Please place a photograph of yourself in the space provided.
- Turn to the back page of this form for guidance notes to help you complete **This is me**, including examples of the kind of information to include.
- Keep the completed form in a suitable place so that all care staff can see it and refer to it easily.



Gall newidiadau, fel symud i le anghyfarwydd neu gwrdd â phobl newydd sy'n cyfrannu at eu gofal, fod yn brofiad cythryblus neu drallodus i bobl sydd â dementia, deliriwm neu anawsterau cyfathrebu eraill. Mae **Dyma fi** yn rhoi gwybodaeth am yr unigolyn ar yr adeg y cwblhawyd y ddogfen. Gall helpu gweithwyr proffesiynol iechyd a gofal cymdeithasol i lunio gwell dealltwriaeth o bwy yw'r unigolyn mewn gwirionedd.

Dylai **Dyma fi** gael ei gwblhau gan yr unigolyn (unigolion) sy'n adnabod yr unigolyn orau a, lle bynnag y bo'n bosibl, gyda'r sawl sydd dan sylw. Dylid ei ddiweddarau fel bo'r angen. Nid yw'n ddogfen feddygol.

Cyfeiriwch at y nodiadau ar y dudalen gefn am gymorth i lenwi'r categorïau isod.

Someone who has dementia, delirium or other communication difficulties, can find changes, such as moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. **This is me** provides information about the person at the time the document is completed. It can help health and social care professionals to build a better understanding of who the person really is.

This is me should be completed by the individual(s) who know the person best and, wherever possible, with the person involved. It should be updated as necessary. It is not a medical document.

Refer to the notes on the back page to help fill in the categories below.

Fy enw llawn My full name

Yr enw rydw i'n hoffi cael fy ngalw Name I like to be called

Lle rydw i'n byw (rhestrwch eich ardal, nid eich cyfeiriad llawn)

Where I live (list your area, not your full address)

Gofalwr/y sawl sy'n fy adnabod orau Carer/the person who knows me best

Hoffwn i chi wybod I would like you to know

Fy nghefnidir, fy nheulu a'm ffrindiau (cartref, anifeiliaid anwes ac unrhyw eiddo rydw i'n ei drysori)

My background, family and friends (home, pets and any treasured possessions)

Diddordebau presennol a blaenorol, swyddi a llefydd rydw i wedi byw ac wedi ymweld â nhw

Current and past interests, jobs and places I have lived and visited

Mae'r arferion a ganlyn yn bwysig i mi The following routines are important to me

Pethau a allai beri pryder neu ofid i mi Things that may worry or upset me

Beth sy'n gwneud i mi deimlo'n well os ydw i'n bryderus neu'n ofidus

What makes me feel better if I am anxious or upset

Fy nghlyw a'm golwg My hearing and eyesight

Sut gallwn ni gyfathrebu How we can communicate

Fy symudedd My mobility

Fy nghwsg My sleep

Fy ngofal personol My personal care

Sut ydw i'n cymryd fy meddyginiaeth How I take my medication

Fy arferion bwyta ac yfed My eating and drinking

Nodiadau eraill amdanaf i Other notes about me

Dyddiad cwblhau

Gan bwy

Date completed

By whom

Perthynas â'r unigolyn

Relationship to person

- Rydw i'n cytuno y gall yr wybodaeth yn y daflen hon gael ei rhannu gyda gweithwyr proffesiynol iechyd a gofal cymdeithasol.
- I agree that the information in this leaflet may be shared with health and social care professionals.

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Nodiadau canllaw i'ch helpu i gwblhau Dyma fi

Yr enw rydw i'n hoffi cael fy ngalw: Rhowch eich enw llawn ar y blaen a'r enw rydych chi'n hoffi cael eich galw y tu mewn.

Ble rydw i'n byw: Yr ardal (nid y cyfeiriad) lle'r ydych chi'n byw a pha mor hir rydych chi wedi bod yn byw yno.

Gofalwr/y sawl sy'n fy adnabod orau: Gall hwn fod yn briod, perthynas, ffrind neu ofalwr.

Hoffwn i chi wybod: Cofiwch gynnwys unrhyw beth rydych chi'n teimlo ei fod yn bwysig ac a fydd yn helpu staff i ddod i'ch adnabod a gofalu amdanoch chi, e.e. Mae gennyf ddementia, nid ydw i erioed wedi bod yn yr ysbyty o'r blaen, mae'n well gennyf ofalwyr benywaidd, rydw i'n llawchwith, mae gennyf alergedd i..., ieithoedd eraill y gallaf eu siarad.

Fy nghefndir, fy nheulu a'm ffrindiau (cartref, anifeiliaid anwes ac unrhyw eiddo rydw i'n ei drysori): Dylech gynnwys man geni, addysg, statws priodasol, plant, wyrion, ffrindiau ac anifeiliaid anwes. Ychwanegwch ystyriaethau crefyddol neu ddiwylliannol.

Diddordebau presennol a blaenorol, swyddi a llefydd rydw i wedi byw ac wedi ymweld â nhw: Dylech gynnwys hanes gyrfa, profiad gwirfoddol, clybiau ac aelodaeth, hobiau, chwaraeon neu ddiddordebau diwylliannol, hoff fannau neu fannau arwyddocaol.

Mae'r arferion a ganlyn yn bwysig i mi: Faint o'r gloch ydych chi fel arfer yn codi o'ch gwely/mynd i'r gwely? Ydych chi'n cael cyntun rheolaidd neu'n mwynhau byrbryd neu fynd am dro ar adeg benodol yn ystod y dydd? Ydych chi'n cael diod boeth cyn mynd i'r gwely, yn ymgymryd â gweithgareddau gofal personol mewn trefn benodol neu'n hoffi gwyllo'r newyddion fin nos? Faint o'r gloch rydych chi'n hoffi cael brecwast, cinio, pryd nos?

Pethau a allai beri pryder neu ofid i mi: Cofiwch gynnwys unrhyw beth a allai beri annifyrrwch i chi - e.e. pryderon teulu, bod ar wahân i un annwyl, neu anghenion corfforol fel bod mewn poen, yn rhwym, yn sychedig neu'n llwglyd. Rhestrwch ffactorau amgylcheddol a allai hefyd wneud i chi deimlo'n bryderus, e.e. drysau agored, lleisiau uchel neu'r tywyllwch.

Beth sy'n gwneud i mi deimlo'n well os ydw i'n bryderus neu'n ofidus: Cofiwch gynnwys pethau a all helpu os byddwch chi'n mynd yn anhapus neu'n ofidus, e.e. geiriau o gysur, cerddoriaeth neu deledu. Ydych chi'n hoffi cael cwmni a rhywun yn eistedd ac yn siarad gyda chi, neu a oes well gennych chi amser tawel ar eich pen eich hun?

Fy nghlyw a'm golwg: Allwch chi glywed yn dda neu a ydych chi angen cymorth clyw? Beth yw'r ffordd orau o ddod atoch chi? Ydi cyffwrdd yn briodol? Ydych chi'n gwisgo sbectol neu angen unrhyw gymorth golwg arall?

Sut gallwn ni gyfathrebu: Sut ydych chi'n cyfathrebu fel arfer, e.e. ar lafar, gan ddefnyddio ystumiau, pwyntio neu gymysgedd o'r ddau? Ydi cyffwrdd yn briodol? Ydych chi'n gallu darllen ac ysgrifennu, ac ydi ysgrifennu pethau o gymorth i chi? Sut ydych chi'n dangos poen, anghysur, syched neu awydd bwyd? Dylech gynnwys unrhyw beth a allai helpu staff i nodi eich anghenion.

Fy symudedd: Ydych chi'n gwbl symudol ynteu a ydych chi angen help? Ydych chi angen cymorth cerdded? Ydi eich symudedd yn cael ei effeithio gan arwynebau? Allwch chi ddefnyddio grisiau? Allwch chi sefyll heb gymorth oddi ar eich eistedd? Ydych chi angen rheiliau llaw? Ydych chi angen cadair arbennig neu glustog, neu oes angen codi eich traed i'ch gwneud chi'n gyfforddus? Pa weithgarwch corfforol rydych chi'n ei wneud?

Fy nghwsg: Dylech gynnwys patrymau cysgu arferol a'ch trefn amser gwely. Ydych chi'n hoffi gadael golau ymlaen neu a ydych yn ei chael hi'n anodd dod o hyd i'r toiled yn y nos? Oes gennych chi hoff ystum yn y gwely, matres arbennig neu obennydd?

Fy ngofal personol: Rhestrwch eich trefn arferol, dewisiadau a lefel y cymorth sy'n ofynnol yn y bath, cawod neu fel arall. Ydi'n well gennych chi gael gofalwr gwryw ynteu ofalwr benyw? Oes gennych chi ddewisiadau ar gyfer brandiau sebon, colur, pethau ymolchi, cymhorthion ymataliaeth, eillio neu gynhyrchion glanhau dannedd a dannedd gosod? Oes gennych chi ofynion gofal neu steilio penodol ar gyfer eich gwallt?

Sut ydw i'n cymryd fy meddyginiaeth: Ydych chi angen help i gymryd meddyginiaeth? Ydych chi'n ffafrio cymryd meddyginiaeth hylif?

Fy arferion bwyta ac yfed: Pa un sydd orau gennych chi - te ynteu goffi? Ydych chi angen help i fwyta neu yfed? Allwch chi ddefnyddio cyllyll a ffyrac ynteu a ydych chi'n ffafrio bwydydd bys a bawd? Ydych chi angen cymhorthion wedi eu haddasu, fel cyllyll a ffyrac neu lestri i fwyta ac yfed? Oes angen torri bwyd yn ddarnau? Ydych chi'n gwisgo dannedd gosod i fwyta neu a ydych chi'n cael anhawster llyncu? Pa wead bwyd sydd ei angen i helpu - meddal ynteu wedi ei hylifo? Ydych chi angen hylifau wedi eu tewhau? Rhestrwch ofynion neu ddewisiadau dietegol arbennig, gan gynnwys prydau llysiuol, ac anghenion crefyddol neu ddiwylliannol. Dylech gynnwys gwybodaeth am eich chwant bwyd ac a oes angen help arnoch i ddewis bwyd o fwydlen.

Nodiadau eraill amdanaf: Dylech gynnwys manylion ychwanegol amdanoch chi sydd heb eu rhestru uchod ac sy'n helpu i ddangos pwy ydych chi, e.e. hoff raglenni teledu neu leoedd, hoff brydau neu fwyd nad ydych yn ei hoffi, digwyddiadau arwyddocaol yn eich gorffennol, disgwyladau a dyheadau sydd gennych chi.

Nodwch unrhyw gynllun ymlaen llaw rydych chi wedi ei wneud, gan gynnwys yr unigolyn rydych chi wedi ei benodi fel eich atwrnai, a lle gall gweithwyr proffesiynol iechyd a gofal cymdeithasol ddod o hyd i'r wybodaeth hon.

Download this form or order copies online at [alzheimers.org.uk/thisism](https://www.alzheimers.org.uk/thisism) or call 0300 303 5933.

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Call the National Dementia Helpline on 0300 222 1122 or visit [alzheimers.org.uk](https://www.alzheimers.org.uk)

Guidance notes to help you to complete **This is me**

Name I like to be called: Enter your full name on the front and the name you like to be called inside.

Where I live: The area (not the address) where you live and how long you have lived there.

Carer/the person who knows me best: This may be a spouse, relative, friend or carer.

I would like you to know: Include anything you feel is important and will help staff to get to know and care for you, eg I have dementia, I have never been in hospital before, I prefer female carers, I am left-handed, I am allergic to..., other languages I can speak.

My background, family and friends (home, pets and any treasured possessions): Include place of birth, education, marital status, children, grandchildren, friends and pets. Add religious or cultural considerations.

Current and past interests, jobs and places I have lived and visited: Include career history, voluntary experience, clubs and memberships, hobbies, sports or cultural interests, favourite or significant places.

The following routines are important to me: What time do you usually get up/go to bed? Do you have a regular nap or enjoy a snack or walk at a particular time in the day? Do you have a hot drink before bed, carry out personal care activities in a particular order or like to watch the evening news? What time do you prefer to have breakfast, lunch, evening meal?

Things that may worry or upset me: Include anything you may find troubling, eg family concerns, being apart from a loved one, or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may also make you feel anxious, eg open doors, loud voices or the dark.

What makes me feel better if I am anxious or upset: Include things that may help if you become unhappy or distressed, eg comforting words, music or TV. Do you like company and someone sitting and talking with you or do you prefer quiet time alone?

My hearing and eyesight: Can you hear well or do you need a hearing aid? How is it best to approach you? Is the use of touch appropriate? Do you wear glasses or need any other vision aids?

How we can communicate: How do you usually communicate, eg verbally, using gestures, pointing or a mixture of both? Is the use of touch appropriate? Can you read and write and does writing things down help? How do you indicate pain, discomfort, thirst or hunger? Include anything that may help staff identify your needs.

My mobility: Are you fully mobile or do you need help? Do you need a walking aid? Is your mobility affected by surfaces? Can you use stairs? Can you stand unaided from a sitting position? Do you need handrails? Do you need a special chair or cushion, or do your feet need raising to make you comfortable? What physical activity do you take?

My sleep: Include usual sleep patterns and bedtime routine. Do you like a light left on or do you find it difficult to find the toilet at night? Do you have a favoured position in bed, special mattress or pillow?

My personal care: List your usual practices, preferences and level of assistance required in the bath, shower or other. Do you prefer a male or female carer? Do you have preferences for brands of soaps, cosmetics, toiletries, continence aids, shaving or teeth cleaning products and dentures? Do you have particular care or styling requirements for your hair?

How I take my medication: Do you need help to take medication? Do you prefer to take liquid medication?

My eating and drinking: Do you prefer tea or coffee? Do you need help to eat or drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery or crockery to eat and drink? Does food need to be cut into pieces? Do you wear dentures to eat or do you have swallowing difficulties? What texture of food is required to help – soft or liquidised? Do you require thickened fluids? List any special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Include information about your appetite and whether you need help to choose food from a menu.

Other notes about me: Include additional details about you that are not listed above and help to show who you are, eg favourite TV programmes or places, favourite meals or food you dislike, significant events in your past, expectations and aspirations you have.

Indicate any advance plans that you have made, including the person you have appointed as your attorney, and where health and social care professionals can find this information.

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