

Name _____ Date _____

THE COMPLEXITY THRESHOLD INDEX™

complexity threshold

Please indicate your tolerance for complexity where 1 = no tolerance and 5 = high tolerance.

None	Low	Average	High	Very High	
1	2	3	4	5	Written Reports
1	2	3	4	5	Frequent Meetings
1	2	3	4	5	Detailed Presentations
1	2	3	4	5	Multiple Tax Returns
1	2	3	4	5	Multiple Strategies
1	2	3	4	5	Abstract Discussions
1	2	3	4	5	Numerical Analysis
1	2	3	4	5	Multiple Advisors
1	2	3	4	5	Irrevocable Decisions
1	2	3	4	5	Multiple Generation Planning

NOTES: _____

