

Name _____ Date _____

THE STRATEGY RISK TOLERANCE INDEX™

risk tolerance

Please indicate your tolerance for the following strategy risk factors where 1 = no tolerance and 5 = high tolerance.

None	Low	Average	High	Very High	
1	2	3	4	5	Lack of Historical Performance
1	2	3	4	5	Liquidity Risk
1	2	3	4	5	Opportunity Cost
1	2	3	4	5	Irrevocability
1	2	3	4	5	Loss of Capital
1	2	3	4	5	Loss of Privacy
1	2	3	4	5	Audit
1	2	3	4	5	Public Embarrassment
1	2	3	4	5	Strategy Disqualification
1	2	3	4	5	Civil Litigation

NOTES: _____

