1. How often do you log on to LEEP?

* Daily
* Weekly
* Monthly
* Several times per year
* Less than four times per year

2. How long have you been a LEEP user?

* Less than six months
* Six months to one year
* One to two years
* Two years to four years
* Four or more years

3. What is your primary jurisdiction type? (Please select the one jurisdiction type most in line with your employer)

* Federal
* State
* Local
* Territorial
* Tribal
* International
* Private Sector
* Other (please specify)

4. What is your primary mission area? (Select all that apply)

* Cybersecurity
* Emergency Management
* Fire Services
* Homeland Defense
* Intelligence
* Law Enforcement
* Public Health

5. In what ways do the LEEP services support your operational needs? (Select all that apply)

* Tactical Mission Support
* Exercise Planning and Management
* Incident Response
* Training Delivery
* Intelligence Sharing
* Investigative Support
* Planning and Coordination
* Other (please specify)

6. In the past year, have any LEEP services helped you with an investigation?

* Yes
* No

*If yes and you would like to give a description to use in our newsletters, please email us at* *osou@leo.gov**.*

7. What service(s) would you like to see added to LEEP?

8. What functionality would you like to see added to LEEP?

9. Do you use LEEP on your mobile device?

* Yes
* No

10. Would a LEEP mobile app improve efficiencies in your job?

* Yes
* No