Children require adequate nutrition for normal growth, development, and good health. Pediatric patients with chronic illnesses have additional nutritional needs from the demands of their disease and treatment. Malnutrition in the pediatric oncology population occurs in 8%–32% of patients (Han-Markey, 2000). Malnourished pediatric patients are predisposed to poor disease outcomes, decreased immune function, decreased quality of life, and poor growth and development (Han-Markey). Pediatric patients undergoing hematopoietic stem cell transplantation (HSCT) are exposed to similar risks as the pediatric oncology group; however, limited research has been performed to evaluate their long-term nutritional issues. Pediatric patients are at risk for long-term malnutrition after HSCT from a variety of issues, including poor oral intake, drug toxicity, altered absorption, and increased metabolic demands as a result of medical complications such as graft-versus-host disease (GVHD) and infection (Muscaritoli, Grieco, Capria, Iori, & Rossi Fanelli, 2002; Sigley, 1998). The purpose of the current study was to identify growth patterns and gastrointestinal (GI) symptoms in pediatric patients during the four months after HSCT and to assess whether an association exists between acute GVHD and growth pattern changes or GI symptoms. The research focused on the growth patterns, the frequency and severity of GI symptoms, and whether an association exists between GVHD and growth pattern changes or GI symptoms four months after HSCT.